

ISLE
OF
WIGHT
COUNTY
COUNCIL

ANNUAL
REPORT
OF THE
COUNTY MEDICAL
OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL
MEDICAL OFFICER
FOR THE YEAR
1972

R. K. MACHELL, M.B., Ch.B., D.P.H., F.F.C.M.

COUNTY OF THE ISLE OF WIGHT

*With the Compliments
of the
County Medical Officer
and
Principal School Medical Officer.*

COUNTY HALL.
NEWPORT,
ISLE OF WIGHT

THE BOROUGHES OF NEWPORT AND RYDE,
THE URBAN DISTRICTS OF COWES, SANDOWN-SHANKLIN, VENTNOR
AND
THE RURAL DISTRICT OF THE ISLE OF WIGHT

*With the Compliments
of
The Medical Officer of Health.*

PUBLIC HEALTH DEPARTMENT,
149 HIGH STREET,
NEWPORT,
ISLE OF WIGHT.

Telephone:
Newport 4031.

C O N T E N T S

	<i>Page</i>
Constitution of Committees	2
Staff	2
Introductory Letters to :—	
Health Services Report	5
Report on School Health Service	28
Population of County Districts	8
Vital Statistics of all Districts	8
Care of Mothers and Young Children, including :—	
Notification of Congenital Defects	14
Maternity Services	11
Premature Births	14
Dental Treatment	14
Infant Welfare Centres	15
Welfare Foods	15
Midwifery Service	16
Health Visiting Service	17
Home Nursing Service	17
Vaccination	19
Ambulance and Ambulance Car Service	20
Prevention of Illness—Care and After Care, including :—	
Fluoridation of Water Supplies	22
B.C.G. Vaccination	22
Tuberculosis	22
Venereal Diseases	23
Chiropody	23
Incontinence Pads	24
Population Screening for Cancer of the Cervix	24
Home Dialysis	24
National Health Service (Family Planning) Act 1967	
Family Planning Centre : Isle of Wight	24
Infectious Diseases	25
Registration of Nursing Homes	26
Nurseries and Child Minders Regulation Act, 1948	26
Food and Drugs Act, 1955 : Section 31	26
Medical Examinations	27
School Health Service, including :—	
General Statistics—	
Schools and School Population	29
Incidence of various diseases affecting children attending ordinary schools	29
The School Health Service at Work—	
Handicapped Pupils in Residential Special Schools	30
Forest Side School and Spastic Treatment Centre—Children suffering from Cerebral Palsy	30
Audiology Clinic	31
Eye Services for Schoolchildren	33
Treatment of Postural Defects	33
School Dental Service	34
Child Guidance Service	35
Pupils suffering from Speech Defects	38
Infectious Diseases	39
Prevention of Tuberculosis—	
B.C.G. Scheme	39
Vaccination and Immunisation—	
Vaccination against Poliomyelitis	40
Immunisation against Diphtheria	40
Vaccination against Measles	40
Medical Examination of Student Teachers	40
Work of the School Nurses	40
School Meals Service	42
Appendices—	
Returns to Ministry of Education	43
Principal School Clinics	45

Constitution of Committees

At 31st December, 1972

HEALTH COMMITTEE

(Meets Quarterly)

Chairman: Mr. L. E. Ralls, C.A.

Vice-Chairman: Mrs. E. M. Rogers

Mrs. M. Christy, C.A.

Mrs. P. A. E. Graham-Stewart

Mr. A. Guy

Mr. P. G. Harris

Mr. A. F. Holland

Mr. G. H. King

Mr. A. O. Purdy, C.A.

Mrs. E. Wall, C.A.

Ex-officio:

Major S. C. Selwyn, M.B.E., L.R.D., D.L., C.A., Chairman, County Council

Mr. F. F. Hollis, C.A., Vice-Chairman, County Council

EDUCATION COMMITTEE

(Meets Quarterly)

Chairman: Mrs. M. Christy, C.A.

Vice-Chairman: Mr. R. H. Smith

EDUCATION SPECIAL SERVICES SUB-COMMITTEE

(Meets Bi-Monthly)

Chairman: Wing Cdr. E. H. Roberts, O.B.E.

Vice-Chairman: Rear-Admiral J. L. Blackham, C.B., D.L.

Mrs. M. Christy, C.A.

Mr. E. T. Cleaver, J.P.

Mr. A. T. Drudge

Mrs. P. A. E. Graham-Stewart

Mr. P. G. Harris

Mr. A. Reid, C.B.E.

The Rev. E. Richer

Mrs. E. M. Rogers

Mr. R. H. Smith

Mr. H. T. Stafford

STAFF

R. K. Machell, M.B., Ch.B., D.P.H.,
F.F.C.M.

County Medical Officer and Principal
School Medical Officer, Medical
Referee, I.W. Crematorium

Medical and Nursing Services

Medical Officers in Mixed Appointments—

Maureen V. Burrage, B.A., M.B., B.S.,
D.C.H., D.Obst., R.C.O.G. ...

D. W. Quantrill, M.B., Ch.B., M.R.C.S.,
L.R.C.P., D.P.H., D.T.M. & H.,
D.Obst., R.C.O.G., M.F.C.M. ...

Margaret C. Payne, M.B., B.S., M.R.C.S.,
L.R.C.P.

A. E. Keighran, M.B., B.S. (Syd.)

Principal Medical Officer and Assistant
Paediatrician

Medical Officer in Department (part-
time), Medical Officer of Health to the
Boroughs of Newport and Ryde, the
Urban Districts of Cowes, Sandown-
Shanklin, Ventnor and the Isle of Wight
Rural District.

Medical Officer in Department

Medical Officer, Child Guidance Clinic
(commenced 20th December, 1972)

H. Broadbent, M.D., M.B., Ch.B., D.Obst., R.C.O.G.	}	Part-time Medical Officers in Department
R. S. Cox, M.R.C.S., L.R.C.P.		
J. S. Knox, M.R.C.S., L.R.C.P.		
B. E. Stone, M.R.C.S., L.R.C.P., D.Obst., R.C.O.G.		
D. Stone, M.R.C.S., L.R.C.P.	}	Part-time Medical Officer, Cervical Cytology and Family Planning
Diana Edwards, M.B., Ch.B. (N.Z.), M.R.C.O.G.		Part-time Medical Officer, Family Plan- ning
Pamela G. Sim, M.B., Ch.B.		Director of Nursing Services (resigned 13th October, 1972)
Miss M. G. Morris, S.R.N., S.C.M., H.V., Q.I.D.N.		Director of Nursing Services (commenced 11th December, 1972)
Miss M. K. J. Stephens, S.R.N., S.C.M., H.V., Q.N.		Area Nursing Officer (Midwifery Nursing)
Miss H. Massey, S.R.N., S.C.M., Q.N., H.V.		Area Nursing Officer (Health Visiting)
Miss A. E. Bell, S.R.N., S.C.M., H.V. ...		

Dental Services

W. Maden, B.D.S., L.D.S.	...	...	Senior County Dental Officer and Principal School Dental Officer
J. Moore, L.D.S.	...	...	} Dental Officers
J. O. Yearby, B.D.S., L.D.S.	...	...
J. Kenny, L.D.S.	...	...
Mrs. L. Garbutt, R.D.S.A., E.D.A.	...	...	Dental Auxiliary (commenced 1st July, 1972)

Administration

E. E. Woodhouse	Senior Administrative Officer
<i>Domiciliary Services Section</i>	
B. W. Pierce	Section Head and Deputy to Senior Administrative Officer
R. H. Williams	Deputy Section Head (transferred to Fire and Ambulance H.Q. December 1972)
I. Herbert	Deputy Section Head (transferred from Social Services Department 1st Jan- uary, 1973)
Mrs. B. Munn	Clerical Assistant
R. A. Dunkinson	General Clerk
Mrs. S. Archer*	Shorthand Typist (commenced 10th July, 1972)
Mrs. A. W. Kennedy	Clerk/Typist (transferred from Clerk's Department 13th September, 1972)
Miss V. Cole	Junior Clerk
<i>Environmental Health and Statistics</i>	
W. G. Clarke	Senior Assistant
(*Services shared between Domiciliary Services and Environmental Health and Statistics work)	
<i>Child Health Section</i>	
D. L. Rhodes	Section Head
Mrs. B. G. Little	Clerk/Typist
Miss G. Wilson	Clerk/Typist (resigned 31st December, 1972)
<i>Secretarial and Postal Services</i>	
Mrs. B. M. Wells	Secretary to County Medical Officer
Mrs. M. J. Kemp	Shorthand/Typist
Miss C. J. Cooper	Junior Clerk

Health Centre, Cowes

Mrs. N. K. Clark	Centre Supervisor
Miss L. Shaw	Junior Assistant
Mrs. P. Forward	Clerical Assistant—Part-time
Mrs. M. French	Clerical Assistant—Part-time
Mrs. A. Verey	Clerical Assistant—Part-time
Mrs. E. Argles	Clerical Assistant—Part-time (commenced 10th January, 1972)
Mrs. S. J. Farrow	Clerical Assistant—Part-time (commenced 31st July, 1972)

Health Clinic, Newport

Mrs. E. Wade	Receptionist
Miss M. Earley	Receptionist (Child Guidance)

Ambulance

A. F. S. Perks, A.M.I.F.E.	Chief Fire and Ambulance Officer
E. W. Raymond, A.M.I.A.O.	Ambulance Station Officer (commenced 1st June, 1972)

Chiropody

Mrs. R. Farrar, M.Ch.S.	State Registered Chiropodist
C. C. Adams	State Registered Chiropodist (commenced 7th December, 1972)
Mrs. L. A. Adams, L.Ch.	State Registered Chiropodist (commenced 6th December, 1972)
F. P. Miller, M.Ch.S.	State Registered Chiropodist (commenced 27th December, 1972)
Mrs. M. Fayle, M.Ch.S.	State Registered Chiropodist (commenced 6th December, 1972)

School Health Service

Miss E. J. Horn, M.A., Dip.Ed.Psych.	Educational Psychologist (resigned 31st May, 1972)
D. Gold, B.Sc., A.B.Ps.S.	Educational Psychologist (commenced 1st September, 1972)
G. P. Wade	Senior Psychiatric Social Worker
Mrs. J. S. Smith, M.C.S.P., S.R.P.	Senior Physiotherapist—Part-time
Mrs. M. Coward, M.C.S.P., S.R.P.	Physiotherapist—Part-time (commenced 5th September, 1972)
Miss B. A. Canning, L.C.S.T., Dip.Aud.	Senior Speech Therapist
Miss C. Evans, B.Sc. (Speech)	Speech Therapist (resigned 25th September, 1972)
Miss M. Oakley, L.C.S.T.	Speech Therapist
Mrs. S. A. Garrett, L.C.S.T.	Speech Therapist (commenced 2nd October, 1972)
Miss J. A. Dodds, M.A., C.T.D., Dip.Aud.	Teacher for the Hearing Impaired and Audiologist (resigned 30th April, 1972)
Miss G. M. Potts, C.T.D.	Teacher for the Hearing Impaired and Audiologist (commenced 1st September, 1972)
Mrs. R. Roberts	Remedial Teacher
Mrs. G. Holland	Audiometrician—Part-time

Consultants

E. F. Laidlaw, M.B., B.Ch.	Consultant Chest Physician
Gwendoline D. Knight, M.R.C.S., L.R.C.P., D.P.M.	Consultant in Child Psychiatry—Part-time

REPORT ON THE ISLE OF WIGHT COUNTY COUNCIL'S HEALTH SERVICES, 1972

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

In accordance with D.H.S.S. Circular 17/2 I submit my Annual Report for the year 1972.

The Registrar General's mid-1972 estimated population was 108,670 although the 1971 census showed a total population of 109,512. The 1,254 live births, the lowest since 1962, gave a Comparative Birth Rate of 14.6 (England and Wales 14.8), compared with the previous year's rate of 16.1 (England and Wales 16.0). The Illegitimate Birth Rate (9 per cent of the total live births) was the lowest since 1963 and the same as the rate for England and Wales. Of the 1,268 babies born to Island mothers 14 were stillborn, giving a rate of 11 per thousand total births, and being for the eighth successive year lower than the national average. Of the 22 children who died before reaching the age of one year 19 died within the first week. These 19 together with the 14 stillbirths gave a Perinatal Mortality Rate of 26 (England and Wales 22). The Perinatal Mortality Rates for the Isle of Wight have fluctuated during the last fourteen years between 18.6 and 37.2 (England and Wales between 22.0 and 34.2). Once again there were no maternal deaths. In the last ten years two have occurred.

As has occurred consistently since 1950 deaths once again exceeded births (by 455 in 1972), although the Comparative Death Rate at 10.5 per thousand (England and Wales 12.1) continued the trend of the past 22 years to be lower than the national figure. Fifteen of the 433 deaths from ischaemic heart disease were under the age of 54, sixty-eight between age 55 and 64, and 350 aged 65 and over. Cancer accounted for 314 deaths and cerebro-vascular disease 305. The reduction of cancer mortality is a complex problem. The mere dissemination of information on the hazards of smoking does not automatically reduce lung cancer deaths drastically nor diminish the sale of cigarettes. Although those who give up smoking cigarettes have a lowered risk of damage to their health the deaths on the Island from lung cancer during the ten years following the Report of the Royal College of Physicians in 1962 have not decreased and the 1972 figures (69 males and 20 females) were the second highest over the 10 years.

Neither does the mere provision of cervical cytology clinics necessarily reduce mortality from cancer of the cervix. Since the County Council's scheme started in 1966 a total of 4,876 women have been tested at L.H.A. Clinics. It is disappointing that each year between 16 per cent and 34 per cent of women invited fail to keep appointments. It is hoped that the new Mobile Health Clinic will greatly increase the number of Island women who learn to value prevention and ask for a health check through the preventive services. An appointment at the cytology clinic is also an opportunity for health education and instruction from a Health Visitor in breast self-examination. Cancer of the breast has accounted for between 26 and 44 deaths per year in the last ten years and the 1972 figure was the highest for 20 years. A Department Circular referred to projects set up in Manchester and Edinburgh to study the practical problems of annual clinical mammographic or thermographic examination.

An extension of the preventive services, particularly for families with the greatest need to avoid an unwanted pregnancy, was the power under the National Health Service (Family Planning) Amendment Act, 1972 to provide vasectomy on the same basis as other L.H.A. contraceptive services. Negotiations are in hand with the hospital authority over the provision of outpatient theatre and day bed facilities, and doctors in all sectors of the N.H.S. will be co-operating over the essential and highly skilful counselling arrangements. Meantime the demand upon the contraceptive and advisory clinics continues to grow. New patients increased by over 40 per cent and more sessions, including the use of the Mobile Clinic, will be needed, particularly for those who do not attend the static clinics.

Between 6 and 10 deaths in an average year are attributed to congenital anomalies. Since 1963 every congenital malformation has, as requested by the Chief Medical Officer, been reported to the Office of Population Censuses and Surveys. Each year between 23 and 50 conditions in 18 to 49 babies are reported by midwives and the preventive and advisory services alerted. Visits to the nursery units or classes at Medina House, Forest Side and Barton give an encouraging picture of how the handicaps of, for example, cerebral palsy, spina-bifida and impaired hearing can be minimised by early recognition and skilled teamwork.

Probably the most typical form of teamwork in the community health services outside hospital is that which is taking place increasingly in what are coming to be known as the Primary Health Care Teams. Although nursing staff and general practitioners are remunerated and administered from two separate divisions of the health service it is only logical that, in the care of the patient at general practice level, nurses, health visitors and doctors should work as a team, with the nurses and health visitors allocated as far as possible to patients on the lists of the general practitioners in the team. Not only is increasing attachment of nursing staff taking place but also the organisation of the community nursing services is now based upon the sound managerial principles of the Mayston Report. The former Director of Nursing Services, Miss M. G. Morris, had achieved a great deal before leaving in October to become Director of Nursing Services with Cheshire County Council. Her successor, Miss M. K. J. Stephens, who came to the Island from Wiltshire County Council, has already built upon these foundations towards closer co-operation and eventual fusion of the Salmon and Mayston structures, and the development of the concept of the Primary Health Care Teams. The publication of the D.H.S.S. Report "Management Arrangements for the Reorganised National Health Service" was welcomed for the wealth of detail it contained not only on organisation of the nursing services but also all the other skills involved in the National Health Service. Already the common ground in patient care is being recognised, particularly in the specialties of midwifery and mental health and as from the 1st April, 1974 all the nursing services will be unified at the top management level by the appointment of an Area Nursing Officer, who, along with the Area Medical and Administrative Officers and Area Treasurer and joined by the Chairman and Vice-Chairman of the Area Medical Committee, will be a member of the Area Management Team.

The future of doctors at present working in public health and hospital service administration was covered in some detail by the Report of the Working Party on Medical Administrators (Hunter Report) and it is expected that appointments to the new posts of Area Medical Officer to the 90 new Areas in England of which the Isle of Wight is one, will be made before Christmas 1973. Other Community Physicians will also be appointed and the future of clinical medical officers at present in public health, for whom the Report sees a continuing place, is the subject of a special study.

Another branch of the Health Service on which doctors and nurses are coming to rely more and more is the Ambulance Service. Whether during the routine Ambulance Car journey to an outpatient department or in the emergency call to a road accident or the journey of the Obstetric Flying Squad, the service is essentially a personal one. "In accidents and sudden illness we are often the very first contact that a person has with the health services, and on our action and treatment depends the patient's chances of recovery to full health."* The importance of an increasingly high standard of training, referred to in Part I of the Millar Report of 1966, was again stressed in a Circular in January and local developments are referred to in the section contributed to my Report by Mr. E. W. Raymond, who was appointed Ambulance Station Officer in June. From the guidance in Circulars so far received the new Isle of Wight Area Health Authority will establish the post of Chief Ambulance Officer, accountable to the Area Administrator, and it would seem that the experience and skills of this vital part of the service will, for the first time in the history of the National Health Service, play an essential part in the planning of all aspects of patient care in a fully integrated Service.

The possible future organisation of those other skills provided by staff referred to as Paramedical Staff is also set out in the Report on Management Arrangements. Of these professions the County Council at present employs speech therapists, physiotherapists and chiropodists and details of their work during 1972 is set out in my Report and represents at least a basis for a multi-disciplinary and preventive approach to services which need considerable expansion. In his foreword to the White Paper of August 1972 the Secretary of State, Sir Keith Joseph, stated "It is well understood now, moreover, that the domiciliary and community services are under-developed—that there is a need for far more home helps, home nurses, hostels and day centres and other services that support people outside hospital. Often what there is could achieve more if it were better co-ordinated with other services in and out of hospital. It is well understood too that there must be more emphasis on prevention—or at least on early detection and treatment."

County Hall,
Newport, I.W.,
PO30 1UD.
August 1973.

R. K. MACHELL,
County Medical Officer.

* P. H. J. Wilkinson, Presidential Address, 24th Annual Conference, Annual Association of Ambulance Officers, 1972.

Table I. Population of County Districts

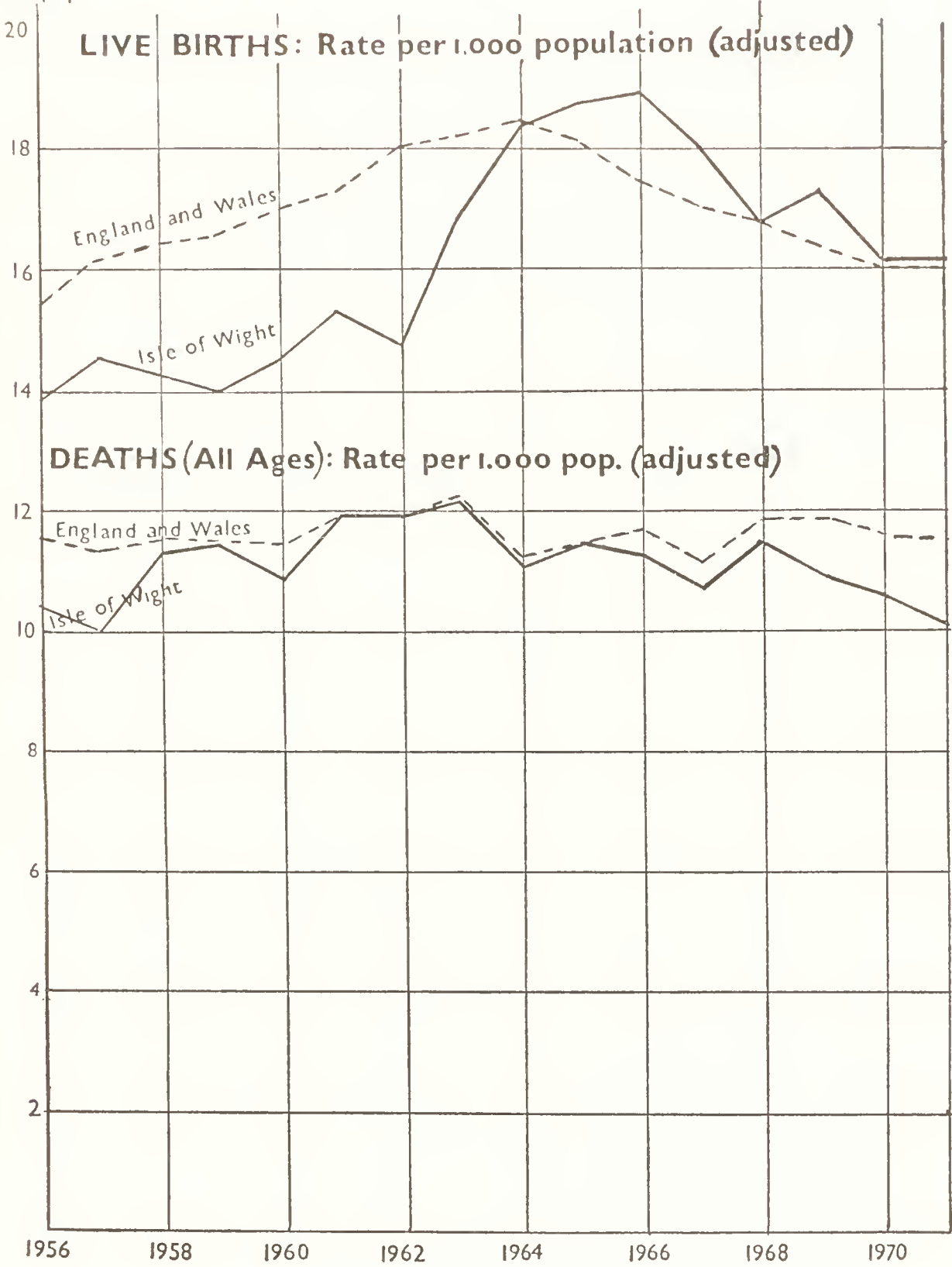
Sanitary Authority	Popula- tion at 1971 Census	Registrar General's Estimate of Population for:				
		1968	1969	1970	1971	1972
I.W. Rural District	22268	19410	20010	20570	22110	22700
Cowes U.D.	18910	17890	18000	18580	18970	19140
Newport M.B.	22309	20990	21440	22170	21870	22260
Ryde M.B.	23204	22220	22290	22690	22790	22970
Sandown-Shanklin U.D.	15890	14050	14030	14340	14410	14620
Ventnor U.D.	6931	6300	6300	6450	6880	6980
Whole County	109512	100860	102100	104800	107060	108670

Table II. Vital Statistics of all Districts—1972

Area	Rural District	Cowes	Newport	Ryde	Sandown Shanklin	Ventnor	Whole County	England and Wales Rate per 1,000
Population —Registrar General's Estimate (Civilians and Non-Civilians)	22700	19140	22260	22970	14620	6980	108670	
Deaths:								
Number	365	248	340	348	249	159	1709	
Males	184	127	162	163	139	71	846	
Females	181	121	178	185	110	88	863	
Crude death-rate per 1000 population	16.1	12.9	15.3	15.1	17.0	22.8	15.7	12.1
Comparative factor	0.63	0.80	0.70	0.72	0.63	0.47	0.67	
Comparative death-rate	10.1	10.4	10.7	10.9	10.7	10.7	10.5	
Live Births:								
Number	225	234	278	285	154	78	1254	
Males	113	114	149	148	63	40	627	
Females	112	120	129	137	91	38	627	
Rate per 1000 population (crude)	9.9	12.2	12.5	12.4	10.5	11.2	11.5	14.8
Comparative factor	1.36	1.16	1.18	1.22	1.48	1.35	1.27	
Comparative birth rate	13.5	14.2	14.7	15.1	15.6	15.1	14.6	
Illegitimate Live Births (per cent of total live births)	9.3	9.4	7.2	11.9	6.5	7.7	9.0	9.0
Stillbirths:								
Number	4	2	4	4	—	—	14	
Males	1	1	2	2	—	—	6	
Females	3	1	2	2	—	—	8	
Rate per 1000 total live and stillbirths	17.5	8.5	14.2	13.8	—	—	11.0	12.0
Total live and stillbirths	229	236	282	289	154	78	1268	
Infant deaths:								
Deaths of infants under 1 year of age	4	1	6	7	2	2	22	
Deaths of infants under 4 weeks of age	4	—	5	6	2	2	19	
Deaths of infants under 1 week of age	4	—	5	6	2	2	19	
Infant Mortality Rates:								
Total infant deaths per 1000 total live births	17.8	4.3	21.6	24.6	12.9	25.6	17.5	17.0
Legitimate infant deaths per 1000 legitimate live births	19.6	4.7	23.3	23.9	6.9	27.7	17.5	17.0
Illegitimate infant deaths per 1000 illegitimate live births	—	—	—	29.4	100.0	—	17.7	21.0
Neo-natal mortality rate (deaths under 4 weeks per 1000 total live births)	17.8	—	17.9	21.0	12.9	25.6	15.1	11.5
Early Neo-natal mortality rate (deaths under 1 week per 1000 total live births)	17.8	—	17.9	21.0	12.9	25.6	15.1	10.0
Peri-natal mortality rate (stillbirths and deaths under 1 week combined per 1000 total live and stillbirths) ...	31.9	8.5	31.9	34.6	12.9	25.6	26.0	22.0
Maternal mortality (inc. abortion)								
Number of deaths	—	—	—	—	—	—	—	
Rate per 1000 total live and stillbirths	—	—	—	—	—	—	—	0.15

VITAL STATISTICS

Rate per
1000 pop.



Live Births.

The number of live births in the Isle of Wight showed a decrease over the previous year of 85 to 1,254. This figure given by the Registrar General is for births registered during 1972 and adjusted for inward and outward transfers; it therefore differs from the unadjusted figures compiled locally and detailed in Table V of this report. In a population of 108,670 this gives a live birth rate per 1,000 population of 11.5. The rate for England and Wales was 14.8.

Stillbirths.

There were 14 stillbirths during the year compared with 13 in 1971, 17 in 1970, 13 in 1969, 18 in 1968 and 14 in 1967. This gave a stillbirth rate of 11.0 per 1,000 total (live and still) births. The stillbirth rate for England and Wales was 12.0 per 1,000 total live and still-births in 1972 and 12.5 in 1971.

Illegitimacy.

Year	Illegitimate		Total	Illegitimate Live Births as percentage of all Live Births	
	Live Births	Still-Births			
	ISLE OF WIGHT				England and Wales
1963	112	5	117	8.9	6.9
1964	132	4	136	9.5	7.2
1965	136	1	137	9.4	7.7
1966	142	—	142	9.7	7.9
1967	138	1	139	9.9	8.4
1968	127	—	127	9.6	8.5
1969	149	1	150	10.8	8.4
1970	119	4	123	9.1	8.3
1971	128	2	130	9.6	8.4
1972	113	4	117	9.0	8.4*

* Provisional

Deaths.

Deaths in the Island exceeded the live births by 455 (268 last year and 362 in 1970).

The total number of deaths on the Island corrected for inward and outward transfers was 1,709 (1,607 in the previous year) giving a death rate of 15.7 per 1,000 of the population. The adjusted death rate, i.e. the crude death rate multiplied by a comparability factor 0.67, was 10.5 compared with 10.1 in the previous year; the comparable figure for England and Wales was 12.1.

Of 1,709 deaths, 1,372 or 80.3 per cent occurred in the 65 and over age group.

**Table III. Mortality: principal causes
for the five years, 1968—1972**

<i>B. List No.*</i>	<i>Cause</i>	1968	1969	1970	1971	1972
B4	Enteritis and other diarrhoeal diseases ...	2	4	1	—	1
B5	Tuberculosis of respiratory system ...	3	1	2	1	2
B6 1	Late effects of respiratory T.B. ...	2	—	—	—	1
B11	Meningococcal infection ...	1	2	—	—	—
B18	Other infective and parasitic diseases ...	4	5	4	3	—
B19 1	Malignant neoplasm, buccal cavity, etc. ...	—	2	1	2	—
B19 2	Malignant neoplasm, oesophagus ...	—	12	5	5	8
B19 3	Malignant neoplasm, stomach ...	13	26	21	21	31
B19 4	Malignant neoplasm, intestine ...	—	48	52	39	51
B19 5	Malignant neoplasm, larynx ...	—	2	3	1	1
B19 6	Malignant neoplasm, lung, bronchus ...	70	75	77	72	80
B19 7	Malignant neoplasm, breast ...	30	27	32	37	44
B19 8	Malignant neoplasm, uterus ...	13	10	14	10	8
B19 9	Malignant neoplasm, prostate ...	—	20	11	23	17
B19 10	Leukaemia ...	8	7	3	6	8
B19 11	Other malignant neoplasms ...	159	86	90	86	74
B20	Benign and unspecified neoplasms ...	3	5	5	4	7
B21	Diabetes mellitus ...	10	16	19	7	10
B46 1	Other endocrine, etc. diseases ...	3	4	5	2	6
B23	Anaemias ...	6	4	8	5	1
B46 2	Other diseases of blood, etc. ...	1	2	1	—	—
B46 3	Mental disorders ...	—	—	3	3	9
B24	Meningitis ...	2	—	—	1	1
B64 4	Multiple sclerosis ...	—	—	1	2	3
B46 5	Other diseases of nervous system ...	15	17	17	14	11
B26	Chronic rheumatic heart disease ...	8	21	16	9	12
B27	Hypertensive disease ...	33	30	27	25	29
B28	Ischaemic heart disease ...	392	390	360	391	433
B29	Other forms of heart disease ...	141	113	118	149	133
B30	Cerebrovascular disease ...	318	279	292	281	305
B46 6	Other diseases of circulatory system ...	54	82	107	101	100
B31	Influenza ...	26	19	30	—	5
B32	Pneumonia ...	92	92	87	62	76
B33 1	Bronchitis and emphysema ...	77	74	77	47	68
B33 2	Asthma ...	3	3	4	6	4
B46 7	Other diseases of respiratory system ...	16	14	10	11	11
B34	Peptic ulcer ...	13	11	13	9	10
B35	Appendicitis ...	—	4	1	1	—
B36	Intestinal obstruction and hernia ...	7	11	6	15	13
B37	Cirrhosis of liver ...	2	5	5	7	5
B46 8	Other diseases of digestive system ...	18	21	15	19	22
B38	Nephritis and nephrosis ...	3	3	10	5	9
B39	Hyperplasia of prostate ...	7	1	6	2	4
B46 9	Other diseases, genito-urinary system ...	8	9	8	16	12
B41	Other complications of pregnancy, etc. ...	1	—	—	—	—
B46 10	Diseases of skin, subcutaneous tissue ...	—	—	2	2	—
B46 11	Diseases of musculo-skeletal system ...	7	8	10	6	7
B42	Congenital anomalies ...	10	9	6	7	7
B43	Birth injury, difficult labour, etc. ...	2	10	9	7	9
B44	Other causes of perinatal mortality ...	12	2	2	6	6
B45	Symptoms and ill-defined conditions ...	14	14	19	15	21
BE47	Motor vehicle accidents ...	6	8	11	15	3
BE48	All other accidents ...	29	30	24	34	17
BE49	Suicide and self-inflicted injuries ...	13	7	11	10	11
BE50	All other external causes ...	2	2	2	1	3
Isle of Wight						
Death rate per 1,000 population ...		16.4	16.1	15.9	15.0	15.7
Comparative death rate per 1,000 population ...		11.5	10.9	10.6	10.1	10.5
England and Wales						
Death rate per 1,000 population ...		11.9	11.9	11.7	11.6	12.1

*Registrar General's Abbreviated List of Causes (from the Manual of the Eighth Revision of the International Classification of Diseases).

Mortality in School Children.

During the year three children of school age died, the reasons being as shown :—

<i>Cause of Death</i>						<i>Sex Age Years</i>	
Acute Granulocytic Leukaemia	...	...	...	...	...	F	16
Intracerebral Tumour	...	...	...	...	...	1	7
Bronchopneumonia	...	...	...	...	...	M	7

Table IV. Deaths in various age groups for the ten years 1963—1972

AGES		1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
under 1 year	Males ...	14	15	13	28	9	15	10	17	15	16
	Females ...	10	5	11	14	8	12	14	7	8	6
	TOTAL	24	20	24	42	17	27	24	24	23	22
1—4	Males ...	2	3	2	4	1	2	3	1	2	2
	Females ...	1	1	2	2	—	1	3	3	—	2
	TOTAL	3	4	4	6	1	3	6	4	2	4
5—14	Males ...	3	1	1	2	2	3	1	—	5	1
	Females ...	3	1	3	—	2	1	2	2	2	1
	TOTAL	6	2	4	2	4	4	3	2	7	2
15—44	Males ...	21	23	23	18	16	25	20	24	24	22
	Females ...	16	21	10	16	18	11	11	22	9	16
	TOTAL	37	44	33	34	34	36	31	46	33	38
45—64	Males ...	167	167	167	160	158	182	164	159	164	158
	Females ...	131	98	100	110	105	110	112	118	101	113
	TOTAL	298	265	267	270	263	292	276	277	265	271
65—74	Males ...	209	224	216	230	236	254	292	274	257	296
	Females ...	167	153	183	182	166	179	204	186	165	195
	TOTAL	376	377	399	412	402	433	496	460	422	491
75 and over	Males ...	341	300	309	308	317	342	299	333	335	351
	Females ...	439	440	473	433	443	522	512	523	520	530
	TOTAL	780	740	782	741	760	864	811	856	855	881
GRAND TOTAL		1524	1452	1513	1507	1481	1659	1647	1669	1607	1709

Morbidity.

The number of first certificates of incapacity received at the local offices of the Ministry of Social Security during 1972 was 11,152 compared with 10,416 in 1971. The highest number received was 309 for the week ended 8th February and the lowest 95 for the week ended 4th April.

NATIONAL HEALTH SERVICE ACT, 1946.
Section 22—Care of Mothers and Young Children.

Deaths of Infants under one year.

Throughout England and Wales the figure for infant deaths in the first year of life during 1972 was 17.2 per 1,000 live births.

In the Isle of Wight, the figure of 17.5 per 1,000 represents deaths of 22 infants in this category. Twenty-three infant deaths were recorded in 1971, and 24 in 1970.

Stillbirths and infant deaths under one week (perinatal deaths) totalled 33, compared with 29 last year and 30 in 1970.

Maternal Mortality.

No maternal deaths occurred during 1972. From 1962 until 1971 inclusive two deaths only in this category were recorded whereas during the decade 1952-1961 twelve maternal deaths occurred.

The rates for England and Wales per 1,000 total live and stillbirths during 1972 were as follows :—

Maternal causes, excluding abortion	...	...	...	0.12
Due to abortion	...	...	...	0.03
Total Maternal Mortality	...	...	...	0.15

Table V. Births notified to the County Medical Officer since 1963 according to place of occurrence

Year	Total Births	Sex		Born at Home			Born in Nurs- ing Home		Per- centage	Born in Hos- pital		Per- centage
		M	F	Live Births	Still Births	Per- centage	Live Births	Still Births		Live Births	Still Births	
1963	1303	658	645	441	3	34.1	4	—	0.3	823	32	65.6
1964	1432	756	676	469	3	33.0	—	—	—	937	23	67.0
1965	1457	769	688	430	3	29.7	—	—	—	1007	17	70.3
1966	1475	733	742	400	3	27.3	—	—	—	1057	15	72.7
1967	1387	716	671	318	2	23.1	—	—	—	1055	12	76.9
1968	1327	644	665	315	1	23.8	—	—	—	994	17	76.2
1969	1379	691	688	226	—	16.4	—	—	—	1140	13	83.6
1970	1332	698	634	232	—	17.4	—	—	—	1082	18	82.6
1971	1346	709	637	197	—	14.6	—	—	—	1136	13	85.4
1972	1266	630	636	201	2	16.0	—	—	—	1049	14	84.0

The total of 1,266 births shown for the year 1972 in the foregoing table is 2 less than the combined live and stillbirths shown in Table II, which has been adjusted by the Registrar General for inward and outward transfers. Domiciliary births increased by 6 and hospital births decreased by 86. No births took place in Nursing Homes. During the year twin births occurred in 6 cases.

Notification of Congenital Defects.

These are made on the birth notification card and checked by the Non-medical Supervisor of Midwives. A medical officer determines the classification, and discusses the diagnosis with the family doctor in any case of doubt. During 1972, 18 notifications had been reported to the Department of Health and Social Security compared with an equal number in 1971.

Ante-Natal and Post-Natal Clinics.

All ante-natal and post-natal clinics on the Island are now held by general practitioners, either in their surgeries or at County Council premises and are attended by the domiciliary midwives.

Premature Births.

During 1972, there were 68 live births and 11 stillbirths of babies weighing 5½ lbs. or under.

Sixty-six of the premature live births occurred in hospital, and of these, 7 died within 24 hours of birth and 56 survived 28 days.

Two premature live births which occurred at home survived 28 days.

Ten premature stillbirths occurred in hospital, and one at home.

Table VI. Fate of 68 Premature Children by weight groups

<i>Weight at Birth</i>	<i>Total</i>	<i>Deaths</i>
3 lb. 4 oz. or less ...	7	5
Under 4 lb. 6 oz. ...	17	3
Under 4 lb. 15 oz. ...	17	1
Under 5 lb. 8 oz. ...	27	1

DENTAL TREATMENT.

By Mr. W. Maden (Senior County Dental Officer).

Mr. W. Maden submits the following report on dental services provided to priority classes of patients under Section 22 (1) of the National Health Service Act, 1946.

"The dental service to expectant and nursing mothers and pre-school children has been maintained during the year. It is evident from the high prevalence of dental decay seen in the five-year-old children at their first school dental inspection that there is a vast amount of untreated dental disease in the pre-school population.

Few pre-school children attend for routine dental inspection or treatment unless the dental decay has already progressed so far as to cause pain to the child, which usually leads to extractions.

Dental decay is an unnecessary disease which can largely be prevented by restricting the consumption of sweets, attention to oral hygiene and the fluoridation of the water supplies."

Dental Care of Expectant and Nursing Mothers and Children under School Age, 1972.

- (a) Number of Officers employed at end of year on a salary in terms of whole-time officers to the maternity and child welfare service :
- 1. Senior Dental Officers 0.1
 - 2. Dental Officers 0.1
- (b) Number of Officers employed at the end of year on sessional basis in terms of whole-time officers to the maternity and child welfare service ... Nil
- (c) Number of Dental Clinics in operation at end of year 5
- (d) Total number of sessions i.e. equivalent complete half days devoted to maternity and child welfare patients during the year 39
- (e) Number of Dental Technicians employed Nil

Table VII. Numbers provided with Dental Care and forms of Dental Treatment provided

	<i>Exam- ined</i>	<i>No. of persons who com- menced treat- ment during the year</i>	<i>No. of courses of treat- ment com- pleted during the year</i>	<i>Scal- ings and gum treat- ment</i>	<i>Fill- ings</i>	<i>Crowns or Inlays</i>	<i>Extrac- tions</i>	<i>Gen- eral Anaes- thetics</i>	<i>Dentures provided</i>	
									<i>Com- plete</i>	<i>Partial</i>
Expectant and Nursing Mothers	45	40	26	11	80	—	17	—	—	—
Children under 5	202	78	30	5	85	—	32	—	—	—

INFANT WELFARE CENTRES.

Clinic sessions continued to be held weekly, fortnightly or monthly in centres throughout the Island. At the end of the year fourteen Centres were in operation.

The number of children who attended the centres during the year was 1,730, a decrease of 40 on the 1971 figure.

The total number of attendances at Infant Welfare Centres during the year was 10,478, being 1,166 less than in 1971 and 295 less than 1970.

DISTRIBUTION OF WELFARE FOODS.

Twenty Centres on the Island distributed welfare foods to expectant and nursing mothers and children under five years of age.

Cod Liver Oil and Concentrated Orange Juice were replaced by Vitamin A, D and C Drops during the year.

The following table shows the quantities of Welfare Foods issued during 1972 :—

Table VIII

<i>National Dried Milk (cartons)</i>	<i>Vitamin A and D Tablets (containers)</i>	<i>Vitamin Drops (bottles)</i>	<i>Orange Juice (bottles)</i>	<i>Cod Liver Oil (bottles)</i>
2737	666	1819	7443	242

NURSING SERVICES, 1972

I am indebted to Miss M. K. J. Stephens, Director of Nursing Services for the Sections of the Report on the Nursing Services which follow :—

“The hard work of the Nurses, Midwives and Health Visitors, led and supported by the Area Nursing Officers, Miss Massey and Miss Bell, has enabled the services given to patients and families to be maintained at its usual high level, in spite of pressures of shortage of time, space and personnel.

Section 23: Midwifery.

On December 31st there were 6 full-time Midwives and 22 Nurse/Midwives in post. The trend for mothers to enter Hospital for confinement and to return home as soon as they are able continues to increase and follows the national trend. The following table indicates the changing pattern :—

<i>Year</i>	<i>Total Island Births</i>	<i>% of Home Confinements</i>	<i>% of Hospital Confinements</i>	<i>% of Early Discharges</i>
1951	1258	(560) 44.5%	(698) 55.5%	Not known
1961	1318	(523) 39.7%	(795) 60.3%	(94) 7.1%
1971	1346	(197) 14.6%	(1149) 85.4%	(958) 71.0%
1972	1266	(203) 16.0%	(1063) 84.0%	(953) 75.8%

The day on which a mother is transferred home is becoming earlier and in 1972 672 were discharged on or before the second day, compared with 122 transferred after the third and before the seventh day, after delivery. This continuing high level of hospital and confinements raises problems, particularly for Nurse/Midwives who find it increasingly difficult to maintain their skills and judgment when they are delivering fewer than six cases in a year. Increasing integration of the hospital and domiciliary midwifery service should help to counteract this and some thought has been given to various ways of increasing this but little progress was made in 1972. This is an area where advances are sure to be made as the reorganisation of the health service develops.

All nurses and nurse/midwives play a large part in the ante and post-natal care of patients. The care, teaching and advice of the midwife is very important to the mothers they attend, many of whom are young, and every opportunity is taken for teaching, either individually or through the mothercraft classes, where the teaching is shared with health visitors. The midwives' part in helping the new mother to start good habit in the care of her baby is an important factor in ensuring that the foundations of good health are well laid in that family.

Midwifery Training.

The training of the pupil midwives from the Part II Training School at St. Mary's continues and 21 pupils completed their training in 1972. During their three months with the District Midwife, not only do they learn to care for mothers at home but they follow a programme of talks, discussions and visits, which gives them an understanding of the range of health and social services available in the community and we are grateful to all those who help us with this programme.

This widening of their training and the fact that they now have to follow the progress of three mothers through the first 28 days after delivery has been stimulating to the training midwives.

The following changes of staff took place during 1972 :

Miss Treacy of Cowes retired after 30 years excellent service ;

Mrs. Willoughby left the Newport Area ;

Mrs. Lewis has been appointed to Cowes ;

Miss Pike, who commenced in Sandown as a Nurse/Midwife transferred to Newport and Miss Percival has taken her place as a full-time Midwife.

Section 24: Health Visiting.

Continuing changes in social conditions have had their effect on the many sided work of the Health Visitor. In the maternal and child welfare field the Health Visitor continues to visit homes regularly. Although the number of children attending infant welfare centres has fallen, more G.P's are holding "Well Baby" clinics in their own surgeries, which are attended by their Health Visitor. With these there is greater interest for the Health Visitor, better communication with the Doctor and an improved service to the mother and child.

Health Education is a continuing strand through every aspect of a Health Visitor's work and three examples of it during 1972 were the efforts of Health Visitors to advise and encourage teenage girls to take advantage of the immunisation that is now available against Rubella (German Measles) ; at the Cervical Cytology Clinic, one Health Visitor gives a wider service by checking blood pressure, etc., and the second carries out Health Education by showing a film strip which teaches those attending for the early symptomless stages of cancer, particularly that of the breast, and during Cowes week a 'Non-Smoking Campaign' was staged to counter some of the smoking propaganda and free samples and most Health Visitors took part in this. The majority of Health Visitors and some Midwives attended a two-day Course arranged by the Island Family Planning Association, to update their knowledge of this subject so that they can better advise the mothers, for they are in the ideal position to discuss this.

To help the Health Visitors carry out their responsibility for the handicapped of all age groups but especially children, Mrs. Comer and Miss Wayte are attending a special Course, so that they can provide extra advice and help directly to the handicapped and their families, as well as to their colleagues.

An increasing amount of time needs to be spent on visiting elderly people to advise them about maintenance of health and independence and other services available to help them ; the prevention of chronic and disabling conditions, and to support those who carry the strain of caring for an elderly relative. This is time well spent when it enables people to continue to live normally and independently for as long as possible, or to be cared for at home, instead of requiring a place in a residential home or in hospital. In Newport one Health Visitor is assisting a general practitioner with a pilot project to screen the elderly people on his list for undetected disease.

Although Social Services are responsible for playgroups, they are still visited by Health Visitors who can advise the leaders on ways of encouraging good personal hygiene and health and to assist the child's social development in which the playgroup often plays a valuable part.

In the School the Health Visitors have a part to play and more details are given in that section.

As the Health Visitors work more closely with G.P's, so the doctors become more aware of the Health Visitors' role and the help they can render to individuals and families, especially through early referral, before problems become acute.

Section 25: Home Nursing.

There has been little change in the overall pattern of work during 1972 but there are increasing demands on the District Nurses. The population increase of 8.5% in the last 10 years (which has been greater than in other 10 year periods) has increased the number of elderly people, many of whom have no relatives on the Island and require help from the nursing service when illness or disability strikes. Not only has the patient's conception of standard of care increased but more cases are being referred by G.P's,

Social Services Department, and the hospitals, and the nurses are continually working to the limit and know there is more they could do if time, staff and resources permitted. Problems often arise when there is staff shortage due to sickness.

The number of patients coming home from Hospital soon after surgery continues to increase and the liaison between ward sisters and district nurses is good. The Home Nursing Service is an economical one when one considers that there are many patients who are entirely supported at home by the district nurses, to the benefit and satisfaction of themselves and their families and to the saving of other more expensive forms of care.

Pupil Nurses Training.

Girls taking their training as State Enrolled Nurses spend two weeks with District Sisters in their first year and six weeks at the end of their second year, when they have an intensive programme to prepare them for the National Certificate in District Nursing.

Sixteen first year and 22 second year students had this experience and 21 were successful in passing their examination. Credit is due to Miss Massey, who arranged their teaching programme, gives tutorials and carries out assessment of their practical work for the examination.

Twelve members of staff acted as practical work instructors.

Participation in Student Training.

Various groups of students attending the Royal Isle of Wight School of Nursing spent periods with our staff.

In 1972 nine obstetric students spent a day with District Midwives. Thirty student general nurses and 6 psychiatric nurses spent periods of three weeks with the health visitors and district nurses, including a week of talks and visits to other sections of the health and social services departments.

Courses attended by Staff.

Three Sisters successfully gained the National Certificate of District Nursing.

Miss L. Duggan gained her Health Visiting Certificate and took up her appointment in the West Wight.

Nine Health Visitors and Midwives and a School Nurse attended statutory Refresher Courses. Miss Bell attended a Middle Management Course.

Medical Loans.

We are indebted to the British Red Cross Society and St. John Ambulance Brigade for storing and issuing articles on loan. Acknowledgment is made to members of the public who give articles for use in people's own homes.

Loan equipment is stored in the Health Department, County Hall and a certain amount is also kept at 60 Monkton Street, Ryde, for the use of the District Nurses in that area.

Health Visitors and District Sisters assist in checking the loans, thus ensuring the best use is made of them.

SECTION 26—VACCINATION

Vaccination of Children under age 16 completed during 1972.

Table IX. Completed Primary Courses.

In this table lines 1-9 show the number of children vaccinated with different kinds of vaccine and lines 10-13 show the number of children vaccinated against each disease.

<i>Type of vaccine or dose</i>	<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
	1972	1971	1970	1969	1965 —68		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	256	766	77	9	7	—	1115
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	5	4	3	13	3	28
5. Diphtheria ...	—	—	—	—	—	1	1
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	—	8	131	139
8. Poliomyelitis ...	213	806	84	14	19	24	1160
9. Measles ...	—	311	313	101	124	27	876
10. Total: Diphtheria ...	256	771	81	12	20	4	1144
11. Total: Whooping Cough	256	766	77	9	7	—	1115
12. Total: Tetanus ...	256	771	81	12	28	134	1282
13. Total: Poliomyelitis ...	213	806	84	14	19	24	1160

Rubella Vaccine.

In July 1970 the recommendation of the Rubella Vaccination Sub-Committee was endorsed by the Joint Committee on Vaccination and Immunisation, that live attenuated rubella virus vaccine should be offered to all girls between their 11th and 14th birthdays.

Rubella is usually a mild disease, seldom giving rise to serious complications except in the developing foetus, and the main objective in the use of rubella vaccine is to protect young women before they reach child-bearing age against the risk of contracting rubella during pregnancy, because of the known association of certain foetal abnormalities with rubella infection in the mother.

Table X. Rubella.

Number of girls vaccinated between their 11th and 14th birthdays ...	322
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Table XI. Reinforcing Doses.

In this table lines 1-8 show the number of children vaccinated with different kinds of vaccine and lines 9-12 show the number of children vaccinated against each disease.

Type of vaccine or dose	1972	1971	1970	1969	1965 --68	Others Under 16	Total
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	43	167	464	47	133	27	881
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	43	29	11	1022	188	1293
5. Diphtheria ...	—	—	—	—	1	—	1
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	1	28	368	397
8. Poliomyelitis ...	—	168	297	16	1154	489	2154
9. Total: Diphtheria ...	43	210	493	58	1156	215	2175
10. Total: Whooping Cough	43	167	464	47	133	27	881
11. Total: Tetanus ...	43	210	493	59	1183	583	2571
12. Total: Poliomyelitis ...	—	168	297	46	1154	489	2154

SECTION 27—AMBULANCE AND AMBULANCE CAR SERVICE.

I am obliged to Mr. E. W. Raymond, Ambulance Station Officer, for the following report on the progress of the Isle of Wight County Ambulance Service for 1972 :—

“Vehicles.

The arrival of a Leyland F.G. ambulance in June 1972 was the first step in the new replacement programme sanctioned by the Council. This vehicle has been fitted with a piped oxygen supply, wash-hand basin, multi-posture trolley beds and other refinements aimed at obtaining the ultimate in patient comfort and treatment whilst being transported. Two further ambulances have been ordered for delivery in April 1973 incorporating the most up-to-date equipment and interior design.

Radio Control Scheme.

A new radio scheme will be installed in ambulance vehicles during February/March 1973. This has been made necessary by the recent directive from the Department of Health and Social Services, and will facilitate the use of six separate channels, allowing for a normal day-to-day working channel, a National emergency channel, a hospital casualty-ambulance direct link and spare channels for use as situations arise.

Uniform.

The uniform for ambulance staff during 1972 has undergone a change from navy blue to Air Force blue. This has given the staff a much needed sense of individuality and increased smartness. Gone are the days when ambulance men were mistaken for porters at the main line stations due to their dark uniform.

Training.

Regional.

During the past year several members of the staff have attended Ambulance Training Courses held at the Regional Ambulance Training School, Bishops Waltham where they are taught an ever increasing amount of para medical subjects. This enables the ambulance man to use the more intricate equipment being placed on ambulance vehicles at this time, and to ensure the items are used to the utmost advantage.

Hospital.

All members of the staff have taken part in training at St. Mary's Hospital (Maternity Training) and Ryde County Hospital (Casualty Training) which has proved most successful both in knowledge and increased understanding between the hospital and ambulance staff. I would like, at this point, to express my sincere thanks to the staff of these hospitals for their excellent co-operation in this venture.

In-service.

With the increase in specialised training, the need for follow-up training locally to keep the standard at its peak must be undertaken. This has been done during the evening training sessions held at the Headquarters building. It is inevitable with more advanced techniques and equipment being used that ambulance training of staff will become more exciting. The ambulance man looks forward eagerly in his quest for further knowledge and expertise; he knows that the most important person, the patient, will benefit from his new found and ever increasing skills.

Future.

We are now looking forward to an even more improved degree of understanding and co-operation between all services in the newly formed Area Health Authority, with the one thought uppermost in our minds—the care and treatment of the patient."

Table XII. Ambulance and Ambulance Car Statistics, 1972-73.

	<i>No. of vehicles at 31-3-73</i>	<i>No. of patients carried</i>	<i>No. of journeys</i>	<i>Total mileage</i>	<i>No. of journeys to main- land by Island ambul- ances</i>
Ambulance Service	9*	21741	5598	192942	186
Ambulance Car Service	38	65518	15969	403944	—
Hired Cars	—	—	—	—	—

*Including 1 "sitting case" vehicle.

Table XIII. Usage of Ambulances and Ambulance Cars since 1965.

<i>Year ending</i>	<i>Mileage</i>			<i>Patients conveyed</i>			<i>Number of patients carried per 1000 popula- tion</i>
	<i>Ambu- lances</i>	<i>Ambulance Cars</i>	<i>Hired Cars</i>	<i>Ambu- lances</i>	<i>Ambulance Cars</i>	<i>Hired Cars</i>	
March 1965	116475	289521	1928	11073	75962	102	914
1966	120487	287015	1404	10529	74440	85	883
1967	129068	309900	3116	11317	70029	178	840
1968	137868	341210	627	13020	73678	47	884
1969	138116	363160	522	12520	74972	36	868
1970	154289	362509	120	15894	71187	6	853
1971	187387	338942	—	21680	61892	—	803
1972	187608	354713	—	21154	58158	—	741
1973	192942	403944	—	21741	65518	—	801

Table XII shows the use made of ambulances and ambulance cars during the financial year 1972-1973 and Table XIII shows details of mileages and patients conveyed by this service since 1964-65.

Thanks are due to the Chief Fire and Ambulance Officer, Mr. A. F. S. Perks for the operational control of the Ambulance and Car Services and to members of the British Red Cross Society for providing escorts for mainland journeys.

SECTION 28—PREVENTION OF ILLNESS: CARE AND AFTER CARE.

Fluoridation of Water Supplies.

The County Council accepted the principle of fluoridation in 1963 and in 1969 re-affirmed their approval to the principle of adjusting the fluoride content of Island water supplies to the optimum figure of one part per million.

B.C.G. Scheme: 13 year age group (includes independent schools)

Table XIV.

	<i>Number Tested</i>	<i>Absent for Reading</i>	<i>Number found with</i>		<i>Percentage Positive</i>	
			<i>Negative Reaction</i>	<i>Positive Reaction</i>	<i>Isle of Wight</i>	<i>England & Wales</i>
1963	953	2	812	139	14.6	14.9
1964	936	7	820	109	11.6	12.6
1965	1021	—	910	93	9.1	13.7
1966	935	3	815	83	8.9	13.1
1967	1062	—	914	109	10.3	13.0
1968	1552	1	1364	115	7.4	11.4
1969	1064	—	922	79	7.4	9.5
1970	922	—	791	76	8.2	8.9
1971	931	55	744	96	10.3	9.5
1972	1501	118	1057	249	16.6	*

* Figure not yet available.

Tuberculosis.

Cases under treatment, supervision or observation by Chest Physician at 31st December, 1972.

			<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
			<i>(Out-patients and In-patients)</i>			
Respiratory	...	...	217	142	1	360
Non-Respiratory	...	...	49	54	1	104
Total	...	...	266	196	2	464

Venereal Disease.

During 1972 the following numbers of new cases were dealt with at the Special Treatment Centre :—

Syphilis	...	...	...	...	...	...	4 (3)
Gonorrhoea	...	...	...	...	...	...	40 (41)
New cases of other genital infections :—							
Non specific genital infection	...	...	...	...	...	...	74 (95)
Other (requiring treatment within the Centre)	...	...	...	...	...	...	62 (63)
New cases of other conditions :—							
Requiring treatment in the Centre	...	...	...	...	...	...	75 (4)
Not requiring treatment in the Centre	...	...	...	...	...	...	29 (22)

N.B.—Figures in brackets refer to 1971.

Miss M. M. Lovell, S.R.N., S.C.M., H.V., reports that the increase in the number of patients attending for the first time in the age group 16—20 years causes concern. In the summer months there is a considerable increase in the number of cases seen—some are Island residents, others are only here temporarily.

Miss Lovell sees all patients attending for the first time and is able to give general health education and advice, as well as that specific to the patient's condition. The good response to contact slips has been maintained and the majority of attenders are helpful.

The clinic is attended by all nursing and midwifery students at St. Mary's Hospital, as part of their training.

Chiropody.

The Council's chiropody service was expanded considerably during 1972. Fifteen chiropodial clinics were opened, making a total of 19 in operation at 31st December. In addition, schemes arranged in conjunction with voluntary organisations continued to operate at Lake and Ventnor.

Chiropody is available for persons in the following categories :—

- (a) Elderly (i.e. persons of pensionable age) ;
- (b) Handicapped or disabled persons ;
- (c) Expectant and nursing mothers where a recommendation for treatment has been made on medical grounds.

The Council has now taken over the financial responsibility for patients in the above categories who were formerly treated under Isle of Wight Old People's Welfare Association schemes.

During 1972, a total of 673 patients made 2,532 attendances at clinics and 126 patients received 348 domiciliary visits.

I am grateful to the Isle of Wight Old People's Welfare Association, the W.R.V.S., the Upper Ventnor Senior Citizens' Group and the Chiropodists—Mr. C. C. Adams, Mrs. L. A. Adams, Mrs. R. Farrar, Mrs. M. Fayle, Mr. F. P. Miller and Mr. R. A. Webb for helping to provide this service and to various organisations in the villages who have agreed to our use of their premises.

As much of the expansion of the service, referred to above, took place in the last quarter of 1972 the full effect of the improved service will be evident from 1973 onwards.

Incontinence Pads.

The demand for these items increases steadily and they are of great practical value to relatives coping with this problem at home and who need all the support that they can get.

Population Screening for Cancer of the Cervix.

I am grateful to Dr. D. Edwards, Chairman, Mrs. A. B. Oliveira, Secretary, and all members of the Island campaign for the prevention of cancer in women who continue to make this service possible.

Twenty-four sessions were held at the Health Clinic, Lower Pyle Street, Newport, during 1972 and the response to clinic appointments were as follows :—

Number of notices sent ...	...	...	1303
i. Actual attendances ...	...	...	706
ii. Appointments changed or reason given for failure to attend ...	...	...	149
iii. Defaulters ...	...	...	448
			— 1303
iv. Casual attendances ...	...	...	4

Since the start of the campaign in October 1966 to 31st December, 1972, 152 clinic sessions have been held and 5,105 women have received a smear test. In addition the majority of family doctors dealt with smears during the year.

Home Dialysis.

Arrangements for Home Dialysis were in operation for two Isle of Wight patients at 31st December, 1972.

At the time of the “power crisis” early in the year an emergency arose necessitating the provision of a generator of the right capacity to operate the home dialysis unit of one of the patients.

With the full co-operation of the Commanding Officer, the Parachute Regiment, H.Q. S.E. District, arrangements were made for the supply of a R.A.M.C. generator. This was brought to the Island and duly installed by military personnel, and connected to the apparatus by Mr. Gawthorpe, the Council’s Chief Engineer.

Appreciation is expressed to all concerned for the invaluable co-operation, and speedy efficiency with which the situation was resolved.

NATIONAL HEALTH SERVICE (FAMILY PLANNING) ACT 1967.

Isle of Wight Family Planning Centre.

Cowes. F.P.A. Clinic, Health Centre, Consort Road, Cowes. Sessions are held on the second and fourth Tuesdays in each month, 6.30 p.m. to 8.30 p.m.

Newport. F.P.A. Clinic, Health Clinic, Pyle Street, Newport. Sessions on Mondays (except fifth Monday in month) 6 p.m.—8.30 p.m., Tuesdays, second and fourth in month 10 a.m.—12 noon and 2 p.m.—4 p.m. and first Tuesday 10 a.m.—12.30 p.m.

Lake. F.P.A. Clinic, the Health Clinic, Lake, Sandown. Sessions held Tuesday, first and third in the month 6.30 p.m.—9 p.m.

Ryde. At the Outpatients' Department, Royal L.W. County Hospital, Ryde, Sessions held Wednesday, second and fourth in the month, 6 p.m.—8.30 p.m.

Freshwater. F.P.A. Clinic, Health Clinic, Princes Road, Freshwater. Sessions held first and third Wednesdays in the month, 6.30 p.m.—8.30 p.m.

The Secretary reports the following number of patient attendances:—

						1971	1972
Patient visits—1st occasion	...	...	...	...	...	1174	1634
Repeat visits	...	...	...	...	...	1245	1762
						<u>2419</u>	<u>3396</u>
Number of new patients	...	...	...	...	...	413	585

The County Council assumed responsibility for payments to doctors and nurses employed in Family Planning Clinics as agents of the Council from 1st January, 1972.

HEALTH SERVICES AND PUBLIC HEALTH ACT 1968:
PART III
NOTIFIABLE DISEASES AND FOOD POISONING
THE PUBLIC HEALTH (INFECTIOUS DISEASES)
REGULATIONS 1968.

Table XV. Notifications made to Medical Officers of Health during the year ended 31st December, 1972

			<i>Isle of Wight Rural Dist.</i>	<i>Cowes</i>	<i>New- port</i>	<i>Ryde</i>	<i>San- down Shank- lin</i>	<i>Vent- nor</i>	<i>Totals</i>
Infective Jaundice	...	...	—	2	—	—	23	2	27
Acute Meningitis	...	...	—	—	—	1	—	—	1
Measles	...	...	5	24	56	12	8	—	105
Scarlet Fever	...	...	4	—	1	—	1	—	6
Dysentery	...	...	—	—	1	—	—	—	1
Whooping Cough	...	...	1	—	—	—	2	—	3
Tuberculosis—Pulmonary	...	...	—	1	1	1	3	1	7
Tuberculosis—Non-Pulmonary	...	...	—	—	—	—	—	—	—
Food Poisoning	...	...	—	—	—	—	—	—	—
Totals	...	...	10	27	59	14	37	3	150

Table XVI. Notifications of certain infectious diseases received for the ten years, 1963-1972

<i>Disease</i>	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Acute Encephalitis ...	1	1	—	—	—	—	—	—	—	—
Acute Meningitis ...	—	2	2	—	2	1	3	—	—	1
Infective Jaundice ...	—	—	—	—	—	—	2	5	5	27
Dysentery ...	2	—	199	19	4	73	—	—	2	1
Malaria ...	—	—	—	—	—	—	1	—	1	—
Measles ...	1395	598	1354	502	1013	267	505	1361	68	105
Ophthalmia Neonatorum ...	1	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	41	38	30	16	22	6	15	20	11	6
Tetanus ...	—	—	—	—	—	—	1	—	—	—
Tuberculosis—Pulmonary ...	14	20	14	10	5	9	8	5	7	7
Tuberculosis—Non-Pulmonary ...	3	3	2	1	2	1	1	2	4	—
Typhoid Fever ...	—	—	—	—	—	—	1	—	—	—
Whooping Cough ...	63	47	39	31	75	12	7	1	17	3
Food Poisoning ...	3	36	25	204	19	—	1	6	—	—
Totals ...	1523	745	1665	783	1142	369	545	1400	115	150

Notifications of the following diseases were last received during the years shown :—

Paratyphoid Fever ...	1959
Acute Poliomyelitis ...	1957
Diphtheria ...	1947
Smallpox—one mild case ...	1931
Prior to this, 12 cases ...	1919

REGISTRATION OF NURSING HOMES.

The Conduct of Nursing Homes Regulations, 1963.

During 1972 one Nursing Home was registered and one registration was withdrawn. Of the five homes registered, three are for medical cases only and two for convalescent cases only.

Visits of inspection to all registered homes were made by the Director of Nursing Services during the year.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

The Health Visitors continued to visit these regularly in order to observe the social, physical and mental development of children attending them. They are also able to offer leaders advice on matters of general health and hygiene and act as a further liaison between the group and the home if required.

FOOD AND DRUGS ACT, 1955: SECTION 31

Milk.

Samples of milk were taken from Island herds during the year by the staff of the Weights and Measures Department of the Council. These samples were examined at the Public Health Laboratory, Portsmouth, and I am grateful to Mr. G. Holden, Chief Inspector of Weights and Measures for the following information :—

Table XVII. Number of samples collected and results of examination

Class of Milk	No. of Samples Tested	Appropriate Tests	Number of Samples		
			Passed	Failed	Void
Ultra heat treated	11	Colony count	11	—	—
Pasteurised	51	Phosphatase Methylene Blue	51 50	— —	— 1
Untreated	111	Methylene Blue	89	22	—
Untreated	102	T.B. Biological Brucellosis	97 99	— 1	— 2

Brucella Abortus.

Positive brucella results are communicated to the District Medical Officer of Health and the Divisional Veterinary Officer of the Ministry of Agriculture is also informed.

MEDICAL EXAMINATIONS.

Examinations carried out by the Medical Staff during the year can be summarised as follows :—

(1) Children in Care

Boarded-Out Children

These children are examined six-monthly until two years of age and then annually, being seen whenever possible in the foster homes.

Children in Council Homes

These children are seen on admission by Local Medical Practitioners and then annually by the Council's Medical Officers.

(2) Local Authority Staff.

Administrative and Clerical.

Number passed fit for Superannuation	...	...	...	...	347
Number accepted	...	...	...	...	344
Number failed	...	...	...	...	3
Number having physical examination and accepted	...	...	...	...	109

Education.

Entrants (first appointment) as teacher by Isle of Wight Education Committee	...	...	...	...	7
Experienced teachers appointed by Isle of Wight Education Committee	...	...	...	...	8
Entrants to Teacher Training Colleges	...	...	...	...	196

Heavy Goods Vehicle Drivers :—

Fire Service.

Number examined	...	...	...	...	42
Number accepted	41
Number failed	1

Highways.

Number examined, and accepted	6
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Architects.

Number examined, and accepted	1
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(3) Others.

Disabled Drivers.

Number examined : Badges issued	48
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Epileptics.

Number examined and passed fit to drive	36
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School Health Service

To the Chairman and Members of the Education Committee of the Isle of Wight County Council.

Madam Chairman, Ladies and Gentlemen,

The Health, Education and Behaviour Survey highlighted, among other things, the need to strengthen the services dealing with reading-backwardness, emotional and behaviour problems, and physical disorders in school children. A Remedial Teacher of Reading was appointed, an additional Educational Psychologist and Social Worker have been appointed, an additional full-time doctor in the Child Guidance Clinic has been appointed and it is hoped during 1973 to appoint an additional full-time medical officer in the school and pre-school services. The common sense of investing in the mental, as well as physical, health of the young people of today by strengthening the Child Guidance and School Psychological Services is even more clearly understood by reference to Dr. Knight's Report on page 15. Both this report and the sections on the problems of the child with impaired hearing, contributed by Dr. Burrage and Miss Potts, illustrate how the teamwork and early diagnostic approach of the School Health Service and our educational colleagues operate in practice.

Equally important is the constant vigil by school nurses on the hygiene aspects of school life and the day to day treatment and supervision at the various clinics. The school population increased by 1,029 to 16,836 and all clinics showed an increase in attendances. This is still not the true picture as there are waiting lists and also, regrettably, there are always a number of children who for one reason or another do not keep appointments offered. Allowance will also have to be made in future planning for the effect of raising of the school leaving age and the development of nursery education.

The future of the School Health Service is the subject of a Sub-Committee of the national Working Party on Collaboration and its findings and recommendations will be reported to the Education Committee later in 1973. It is known that there is likely to be for the Island a Joint Consultative Committee of members of both the new County Council and the new Area Health Authority, together with officers of both services. There is every reason to believe that this machinery will safeguard well-established services and relationships and provide a forward-looking basis for future developments in the health of children and young people.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

ROGER KEYS MACHELL.

GENERAL STATISTICS.

Schools and School Population.

The area covered by the Local Education Authority is 91,141 acres and the estimated population of the Administrative County in June 1972 was 108,670.

The number of pupils on the registers of maintained schools at 31st December, 1972 is shown below. Comparative figures for the previous year are also given.

	<i>No. of Pupils</i> 1972	<i>No. of Pupils</i> 1971
Primary Schools	7509	7225
Middle Schools	5100	4072
High Schools	4032	4344
Medina House (age group in- tegrated)	69	44
Watergate School (Primary and Secondary)	113	109
Forest Side School (age group in- tegrated) and Spastic Treat- ment Centre	13	13
	<hr/> 16836	<hr/> 15807

In addition, there were 322 pupils aged between 15 and 18 years attending the Isle of Wight Technical College in Newport.

Incidence of various diseases affecting children attending ordinary and special schools:

	1972	1971
Achondroplasia	1	1
Amelia	5	5
Arthritis	6	5
Asthma	253	235
Familial Neurological Disorders	4	4
Partially Sighted	8	4
Cerebral Palsy	21	19
Coeliac Disease	4	—
Congenital Heart	76	63
Cortico Steroids	5	6
Cretin	5	2
Cystic Fibrosis	2	—
Partially Hearing	20	21
Diabetes	27	26
Eczema	101	120
Enuresis	47	—
Epilepsy (all forms)	85	75
Haemophilia (Blood Coagulation Disorders)	3	—
Hemiplegia	4	2
Hydrocephalus	7	5
Renal Disease	9	2
Muscular Dystrophy	3	2
Perthes Disease	2	5
Tuberculosis	1	1
Spina Bifida	4	2
Mongol	13	11
Autistic	2	2
Rubella Syndrome	2	2
Blind	2	1
Defective Metabolism	1	—
Cleft Palate and Hare Lip	1	—

HANDICAPPED CHILDREN IN SPECIAL RESIDENTIAL SCHOOLS.

At 31st December, 1972, 33 children (23 boys and 10 girls) were in 23 Special Residential Schools as compared with a total of 29 children the previous year.

The Schools concerned with the care of handicapped Island children were :—

Category	Name of School						Boys	Girls
Partially Sighted.								
	West of England School for Partially Sighted, Exeter	...	...	...	...	...	1	—
	Blatchington Court, Seaford, Sussex	...	...	...	...	...	—	1
	Exhall Grange Special School, Coventry	...	...	...	...	...	1	—
Deaf.								
	Royal School for Deaf, Exeter	...	...	...	...	...	—	1
Partially Hearing.								
	Ovingdean Hall, Brighton, Sussex	...	...	...	...	...	1	2
Physically Handicapped.								
	Chailey Heritage Craft School and Hospital	...	...	...	...	...	1	1
	Coombe School, Croydon, Surrey	...	...	...	...	...	1	—
	Florence Treloar School, Alton	...	...	...	...	...	—	2
	Victoria Home and School, Poole, Dorset	...	...	...	...	...	—	1
	Trueloves School, Ingatestone, Essex	...	...	...	...	...	1	—
Delicate.								
	St. Catherine's Home, Ventnor	...	...	...	...	...	2	2
	Heathercombe Brake School, Manaton, Newton Abbott	...	...	...	...	...	1	—
Maladjusted.								
	Camp Hill, Rudolf Steiner, Edinburgh	...	...	...	...	...	1	—
	Allington Maintained Special School, Wiltshire	...	...	...	...	...	1	—
	Heanton and Marland Schools	...	...	...	...	...	2	—
	Tylney Hall Special School	...	...	...	...	...	1	—
	Southlands School, Lymington	...	...	...	...	...	1	—
	Shotton Hall School, near Shrewsbury	...	...	...	...	...	1	—
Autistic.								
	Dedisham School, Slinfold	...	...	...	...	...	2	—
E.S.N.								
	Meldreth Training Centre	...	...	...	...	...	1	—
	Roffey House, Horsham, Sussex	...	...	...	...	...	2	—
	Morehouse School, Frensham, Surrey	...	...	...	...	...	1	—
	Oaklands Park School, Dawlish, Devon	...	...	...	...	...	1	—

FOREST SIDE SCHOOL AND SPASTIC TREATMENT CENTRE

Head Teacher : Mrs. E. Hopwood.

During 1972 two children were transferred, one to Primary School and one to residential mainland school. The school roll was thirteen, with the distribution as follows :—

Boys	...	10	Age range 3—7 years
Girls	...	3	Age range 4—9 years

Mrs. U. Herbert, Head Teacher resigned at Easter 1972.

Miss J. Hall returned as School Physiotherapist.

Miss G. M. Potts, Teacher of the Hearing Impaired, has assisted one of the pupils since September 1972.

Miss M. Oakley, Speech Therapist, has assisted four pupils during the year.

Most of the older children continue with their Riding for the Disabled.

AUDIOLOGY CLINIC

"Early diagnosis is well known to be essential for successful treatment but early acceptance is also an absolute necessity. Our reaction to problems we do not wish to face is usually one of disbelief. Every time we see a beautiful, alert, happy-looking baby in our audiology clinic who fails to respond to hearing tests the first thing we do is to reproach ourselves for failing to illicit the responses. Sometimes we repeat the tests only to get the same lack of response. If we, as trained doctors and teachers of the hearing impaired would like to feel we had made a mistake rather than acknowledge that the baby is deaf how much more difficult must it be for a parent to accept. The future of the child depends, however, on the parents working in close collaboration with the teacher of the hearing impaired and the doctors responsible for the child.

Early training of child and parent in the acceptance of a hearing aid can be very difficult. Young children resent the feeling of something in the ear and once a battle of wills ensues it is almost sure to be the child who wins. At this stage a visit to the special nursery for hearing impaired and normally hearing children may help as even very young children can become aware that there are other children like themselves. They have to learn too that when people are opening and shutting their mouths they are communicating with one another.

Even after the biggest hurdle of all, that of acceptance, has been taken the way ahead for child and parent will be long and difficult.

We still have much to learn about parent counselling and I am indebted to the help the Clinic is receiving from Miss Potts, our new Teacher of the Hearing Impaired whose report follows.

Diagnosis alone is not sufficient. It needs many hours of skilled help and encouragement once this initial step has been taken for the baby to grow up into a child and then an adult who can hold his own in the modern competitive world.

This year one infant with impaired hearing was detected in our clinic. The training of this one child will take many hours of skilled time and there are now seven children under five who need this same help. In looking to the future we must remember that to provide this satisfactorily as the problem grows in numbers the staff required must increase too."

STATISTICS.

Results of Pure-tone Audiometry in Schools.

1st Screening		2nd Screening	
Passed	Failed	Passed	Failed
1846	493	263	240

Pre-school and School Children Attendances.

				Pre-School	School	Total
Report to Specialists	...	...	...	5	24	29
Discharge	...	...	...	25	108	133
For Review	...	...	...	34	250	284
				64	382	446
Number of appointments offered	...			97	560	657
Number of appointments kept	...			64	384	448

MAUREEN V. BURRAGE,
B.A., M.B., B.S., D.C.H., D.Obst., R.C.O.G.,
Principal Medical Officer and Assistant Paediatrician.

Hearing-Impaired Children.

I am grateful to Miss G. M. Potts, C.T.D., Teacher for the Hearing Impaired and Audiologist, for the following report :—

"Poor little boy, I'm so sorry to hear that he's deaf." These were the words of a well-meaning neighbour to the mother of a twelve-month-old baby who had recently been diagnosed at one of our pre-school audiology clinics as having impaired hearing.

To the neighbour's astonishment the mother replied, "He's not a poor little boy at all. He's a very lucky little boy. His poor hearing has been diagnosed early so he can be fitted with a hearing aid soon if he needs one, and we are receiving specialist guidance so that he stands the best possible chance of learning to talk and communicate normally, and being able to benefit from education in a school for normally hearing children, at the same time continuing to receive specialist help if he needs it."

Only one month later that sensible and optimistic mother was rewarded by hearing her son say, for the first time and in the correct context, "mum," "baby," "boa" and "no," as well as utter many other useful babbling sounds.

It was through a specially trained Health Visitor that this baby was referred to our audiology clinic. Facilities are available for all babies on the Island to have a screening test of hearing at their local clinic, usually when they are eight or nine months old. If they fail this test, which includes responding to both high and low frequency sounds as used in speech at minimal intensity, they are retested a few weeks later. Should a baby fail to respond satisfactorily to any of the test signals on the second occasion, he is referred by the Health Visitor concerned to the audiology clinic in Newport where diagnostic testing is carried out, requests made for referral to an E.N.T. specialist, if necessary, and arrangements made to give parent guidance weekly if a hearing loss is confirmed.

During 1972 a nursery class attached to Barton County Primary was opened for the admission of twenty children with normal hearing and four children with impaired hearing. The children with hearing losses are visited at the nursery three times a week by the peripatetic teacher of the deaf who guides their speech and language development. The children settled quickly and happily, and although there may be an occasional temper tantrum due to the frustration of poor communication, they are well integrated into the group for all activities and participated in the nativity play at Christmas.

Plans are already under way to provide facilities in a primary school to enable these children to remain within the mainstream of education if they prove capable of benefiting from this, though of course each case will be considered carefully, and the most appropriate form of education recommended.

From the figures given later in this report it will be seen that the majority of our hearing impaired children are able to receive their education in their local school, often with the support of a visiting specialist teacher, or a speech therapist, or a home tutor who gives one hour's tuition weekly. By the end of 1972 six children were placed in residential schools on the mainland; three in a school for partially hearing, one in a school for the deaf; and two with slight hearing losses and poor vision in schools for partially sighted.

The following figures relating to our work with children in 1972 are self-explanatory :—

	<i>Teaching/Parent Guidance</i>	<i>Follow-up</i>	<i>Residential School</i>	<i>Total</i>	<i>Using Hearing Aids</i>
Pre-school	3	14	—	17	2
Nursery	5	—	—	5	5
First School	11	77	3	91	6
Middle School	12	47	3	62	16
Secondary School	3	18	—	21	8
	<hr/> 34	<hr/> 156	<hr/> 6	<hr/> 196	<hr/> 37

During 1972 appointments were made for 97 pre-school children and 560 school children to attend our audiology clinic, but only 64 pre-school children and 384 school children actually attended.

We are most grateful to all who have referred children to us for testing, and thereby enabled us to give help when and where it is needed. Our sources of referral include the Health Visitors, General Practitioners, School Medical Officers, E.N.T. Specialist, Speech Therapists, Educational Psychologist, school staff and parents.

It has been a pleasure and a privilege as well as a most interesting challenge to take up my appointment on the Isle of Wight and I would like to express my appreciation and gratitude to all, including my predecessor and particularly colleagues who come under both Health and Education Departments for their friendly co-operation and willing help. Only by such team-work can we ensure that the service is adequate to meet the needs of the children."

OPHTHALMIC CLINIC

During the year 44 Eye Clinics were held at Pyle Street Clinic. One hundred and eighty-two attended for the first time and the total attendance for the year was 699. Of the 904 appointments offered 195 failed to attend.

Orthoptic Clinic.

Miss M. E. Sharland, the Regional Hospital Board's Orthoptist, treats school children under Mr. Elsby's supervision at the Royal Isle of Wight County Hospital, Ryde ; the Health Clinic, Newport ; and Princes Road, Freshwater.

TREATMENT FOR POSTURAL DEFECTS

I am grateful to Mrs. J. S. Smith, M.C.S.P., S.R.P., Senior Physiotherapist, for the following report :—

"1972 has been a year of expansion of the school physiotherapy service. A second part-time Physiotherapist, Mrs. M. Coward, began work in September thus making it possible to treat every child once a week and those in special schools or in a temporary acute phase to be treated twice a week.

The effect of this increased treatment is being seen in a slow but encouraging improvement in the children at Medina House School and Watergate School.

Our work in these schools has been greatly assisted by the teaching staff who have watched our treatments so that they can continue the work on the days we do not visit.

The autumn term saw the commencement of two new services.

Home visits are now made to two children who are not attending schools, one is severely mentally handicapped and the other is a baby with spina bifida. By visiting once a week we hope to help the mothers with the physical care and development of these children.

Our second new venture started in November when we began regular visits to the Catherine Bowen Home at Longford Hospital. Here six of the most severely handicapped children are treated weekly in an attempt to decrease joint stiffness and muscle contractures which have developed over the years in which physiotherapy was not available and which make nursing procedures difficult.

In the general schools our routine work continues as before. We are now meeting with a large number of adolescent girls with poor posture, stiff and awkward movements and a very strong dislike of all physical activity. By the age of fifteen many of these girls have almost forgotten how to run, are clumsy and heavy footed with an immobility of spine usually associated with late middle age.

This problem is particularly difficult as the physical defects are so closely related to a mental lethargy and the painful self-consciousness often associated with this age group, and with an aversion to games and gymnastics at school.

With more and more children staying on at school I hope that imaginative and less formal forms of physical activity will become more prevalent in the schools so that girls such as these will join in more readily and enthusiastically.

We feel there must be many asthmatic children who are not having relaxation and breathing exercises and now that the treatment time available has increased we hope we may add more of these children to our lists. We feel the early treatment of asthmatics is particularly valuable and we would welcome an increase in this field rather than an increase in the number of children under treatment with flat feet, knock knees, etc.

Parental co-operation is invaluable in these cases, and although many parents are showing great interest in their children's treatment we hope for even more parental involvement in 1973, following the distribution of the leaflet "Your Child and the School Health Service."

Statistics :

Total number of cases admitted	227
Total number of cases readmitted	20
Total number of cases under observation	9
Total number of discharges	63
Total number of appointments offered	3917
Total number of kept appointments	3406
Total number of unkept appointments	511
Total number of treatments	956
Total number of home visits	30
Total number of school visits	798

The above figures relate to 12 months work in respect of Mrs. J. S. Smith and 4 months work in respect of Mrs. M. Coward.

SCHOOL DENTAL SERVICE

"The year has been one of continued progress for the School Dental Service. It is pleasing to report that we have been fortunate in obtaining a Dental Auxiliary, Mrs. Linda Garbutt, for the Newport Clinic. Mrs. Garbutt joined us in September and she and her Dental Surgery Assistant, Miss Susan Taylor, have settled well in the dental team, and are popular with the patients and parents.

A Dental Health week was held in July, with the help of the Oral Hygiene Service. Miss Doreen Land spoke at many of the schools and showed excellent films.

The Principal School Dental Officer commenced a part-time course for the Diploma in Dental Public Health at London University in October.

The rapidly increasing school population has stretched our resources to the utmost, and it is now accepted that an increase in establishment is necessary to deal with the additional work-load. The Mobile Dental Clinic has proved to be of excellent value in the treatment of the rural schools, and as it is continuously in use, it is felt that an additional Dental Officer might be more usefully employed in a second Mobile Clinic.

The Guy's Hospital Clinical Survey has continued during the year, and although it is too early for results to be assessed, Professor Naylor has reported that in spite of its complexity the survey has been the most trouble-free he has ever undertaken.

It is still a matter of keen regret to all concerned with the health of school children that there has not yet been an implementation of the 1963 recommendation of the County Council to fluoridate the water supplies. This safe and beneficial measure would halve the amount of dental disease in our children.

Finally, I should like to thank my staff for their hard work and loyalty during the year, the Head Teachers, School Secretaries and staffs for their help and patience, and not least the Fire Service for their excellent attention to the Mobile Dental Clinic."

W. MADEN, B.D.S., L.D.S.,
Principal School Dental Officer.

CHILD GUIDANCE CLINIC

Report of Consultant Psychiatrist.

I am indebted to Dr. G. D. Knight, Consultant in Child Psychiatry, for the Report which follows on Child Guidance during 1972:—

Total number of boys seen by Psychiatrist once or more	...	170
Total number of girls seen by Psychiatrist once or more	...	80
Total number of children seen by Psychiatrist	...	250
Number of these that were new patients	...	91

New patients were referred as follows:

General Practitioners	...	...	...	22
School Medical Officers	...	...	...	13
Schools	...	...	...	10
Education Welfare Officers	...	...	...	10
Parents	...	...	...	10
Paediatrician	...	...	...	7
Social Workers	...	...	...	6
Health Visitors	...	...	...	5
Educational Psychologist	...	...	...	3
Probation Officers	...	...	...	2
N.S.P.C.C.	...	...	...	1
Other Consultants	...	...	...	2
				—
				91
				—

New cases visited by Social Worker but Clinical Appointment not required	...	...	...	...	25
Total number of new referrals	...	...	...	...	118

Some of these who had a home visit but either did not require or did not accept a Clinic appointment may need an appointment at a later date.

Number of referrals outstanding at the end of 1971	...	67
Number of referrals outstanding at the end of 1972	...	24

Reasons for referral have not been tabulated this year because in so many cases the child is showing several symptoms and the ones originally mentioned are often not the ones most significant.

In the under-five age group transient management difficulties arise, such as temper-tantrums, excessive clinging, sleeping and eating disturbances and soiling, often due to parental inexperience and easily cleared up. In the same age group the same symptoms may be caused by lack of parental affection of serious relationship problems in the family, perhaps involving complete family breakdown. The symptoms are then much more intransigent and may persist and cause much distress for years.

In the older age group most cases can be roughly classified as showing either anti-social behaviour (disobedience, stealing, aggression, lying, truancy) or neurotic symptoms (such as nervous fears, depression, withdrawal, lack of confidence, school phobia). Learning difficulties may be associated with either group and may occur independently. They are sometimes the root cause of psychological disturbance and need early diagnosis and treatment.

In adolescents we may see depression, irritability, moodiness, defiant behaviour, poor school progress and other symptoms, co-existing and fluctuating in a perplexing way. They often arise from the conflict between the young person's growing sense of personal identity and, on the other hand, lack of confidence and a continuing need for parental affection and support.

Figures relating to attendances, new cases, age groups and so on, can draw attention to interesting trends and can perhaps indicate particular needs; but they give a colour-less picture of what goes on in the Child Guidance Clinic. Two cases histories follow which may make it more vivid. In both histories details have been altered to avoid the possibility of recognition.

Helen was fourteen years old. Her teachers became concerned because the quality of her work was falling off. They noticed that whereas she used to be cheerful, helpful and always with a group of friends, she now seemed more solitary and less responsive,

and at times she was quite insolent. She had been absent several times and had been seen in the town when she should have been in school.

The Education Welfare Officer visited the home and she found that the family circumstances were very unhappy. Helen's father had become depressed and had required treatment in the mental hospital; there were financial difficulties; the mother was extremely worried and irritable and the atmosphere in the home was explosive and tense. Helen's behaviour was described as almost intolerably defiant, rude and hostile. Although things had got worse recently it was clear that there had been unhappiness in the family for a long time.

An early appointment was made for Helen to see me, because the situation sounded serious, but before the date of the appointment Helen took an overdose of her mother's "nerve tablets" and was admitted to the Royal Isle of Wight County Hospital. I saw her there the following evening and her mother, separately, both at considerable length. Helen said that she was very unhappy; she felt misunderstood and unwanted, she knew that she had been behaving badly and thought that she had been the cause of rows between her parents and of her father's mental illness. She had often wanted to run away or to go to sleep and not wake up.

It was felt that Helen was still depressed and enquiries were made as to the chances of admitting her to the Adolescent Psychiatric Unit at Meon House, near Fareham, but no vacancy was available or likely. She could have been admitted to Whitecroft Hospital, where the medical and nursing staff have been extremely helpful in the past, but where it is difficult to make adequate arrangements for adolescent boys and girls—it is difficult for instance to give them suitable occupation and physical activity. Helen's mother was very much against her being admitted, especially as her father was still there. It was rather reluctantly decided to allow Helen to go home in the care of her mother, on the understanding that she was to attend the Child Guidance Clinic for a time; and her own doctor was asked to prescribe a course of anti-depressant tablets.

After four weeks the depression was under control, Helen's father was discharged from hospital much improved and Helen was keen to go back to school. Her teachers were put in the picture and her Year Tutor took a personal interest in helping her to catch up with work she had missed. Helen appreciated this interest very much and settled down well. A lot of work remained to be done by the Social Worker, helping Helen's parents to adopt a more constructive attitude to her and to each other; and by the Psychiatrist giving Helen support and confidence and insight into her difficulties and guiding her towards better ways of handling them.

A great deal of time was spent on this case. Many letters were written and telephone calls made, in addition to hours of interviewing. It was a stressful experience for Helen and her parents and at times worrying for her teachers and for us. She ran away again once, after a row between her parents and in the early weeks of treatment she telephoned several times in great distress and had to be seen at once regardless of previous appointments made with other patients. However, she ultimately came through the bad patch and is now working satisfactorily for G.C.E. 'O' Levels.

Christopher A. was six. He was referred because at home he was continually whining and was defiant and difficult to manage. At school he appeared to have settled down well, his teacher found him interested but a little shy. He had a younger brother, Peter, who was spastic and extremely demanding and who unavoidably took up a great deal of Mrs. A's time and attention. Christopher would come in from school, needing a welcome from his mother and a time to relax comfortably with her, but would find her exhausted and irritable with Peter still forcing his demands for attention. Often Christopher's "welcome" would be an outburst from his mother, which made him feel unwanted and lonely.

We found that Mrs. A. herself was suffering from loneliness and lack of support from her husband. He was self-employed, trying hard to build up a business, spending almost all his waking hours on it and expecting help from his wife over the book-keeping side. He had no time for either of the children.

It was not possible to do much to alter Mr. A's way of life, but in several ways things could be improved. Peter was placed in the Nursery Class at Forest Side School, which he thoroughly enjoyed, and this relieved Mrs. A. a great deal and gave her more time for Christopher. Mrs. A. and Christopher attended the Child Guidance Clinic regularly for some months and both became much more relaxed and cheerful and their relationship greatly improved. They no longer need to come but Mrs. A. knows she can get in touch with us at any time if she feels the need.

As I have tried to illustrate by the case histories I have described, Child Psychiatry is very much a matter of team-work and for efficiency it is necessary to maintain a proper balance of available services of psychiatrists, psychologists and social workers.

We collaborate closely with Mr. D. Gold, the Senior Educational Psychologist and look forward to the arrival of his Assistant, Dr. Thompson.

We are very pleased to welcome Dr. Angus Keighran as Assistant Psychiatrist. He will be based in the Child Guidance Clinic and will be taking some of the clinical load of diagnosis and treatment of individual cases, which will mean that more children will be seen and that they will be seen more quickly after being referred. Dr. Keighran will also be looking outwards into the community, working closely with the staff of residential schools and homes on the Island, with other social workers, with Health Visitors and with the Paediatrician, carrying the ideas of preventive medicine into the field of Child Psychiatry.

Mr. Wade is at present our only Social Worker and in this respect we are seriously understaffed, but a second is to be appointed shortly and the balance will to some extent be redressed. There is a nation-wide shortage of trained social workers because of the setting up of the new Social Services Departments, but we hope we shall secure someone experienced enough to take some of the load at once, without requiring too much supervision.

The appointment of additional staff brings problems of organisation and accommodation. Because of the nature of the work it is essential that each professional worker should have his own office where he can talk to his client in complete privacy and which is always available. We are short of rooms and the space for reception and waiting and for clerical staff is becoming inconveniently over-used. We are short of clerical help too for keeping essential records and for typing the many long letters and reports which have to be written. We rely on the cheerful efficiency of our receptionist, Miss Earley, to keep appointments and records straight and to deal with the persistent demands of the telephone. She also plays an important part in the clinic team by maintaining a friendly relaxed atmosphere for parents and children in the waiting room.

Links with schools, Educational Welfare Officers, General Practitioners, Social Workers in the Social Services Department and others become steadily more important and useful; sometimes it seems that the telephone never stops ringing. Interviews with parents and children last for about three-quarters of an hour and should not be interrupted, so any particular worker may not always be available and the telephonist acts as an important go-between. We do try very hard to be easily reached, by anyone needing our advice including parents and sometimes children on their own account because we think that help of this kind given quickly is valuable.

Two Social Work students have been placed with us for the fieldwork part of their training, one full-time for three months, the other part-time for six or seven months. It is stimulating to have them and they are able to make a useful contribution to visiting homes and interviewing parents. The link with Portsmouth Technical College is valuable and we hope to maintain it.

We have enjoyed having with us trainee General Practitioners, four of whom, at different times, have regularly sat-in on Clinic sessions during their six months' post at Whitecroft Hospital. Our aim is to give them a chance to see the type of problem referred, to discuss diagnosis and treatment and sometimes to note ways in which the trouble could have been averted or minimised before it came to the Clinic. Unfortunately, some parents do not mention their difficulties to their own doctors and some are not encouraged to do so; yet an interested family doctor, with the help of a Health Visitor, can often see trouble early, can give wise advice and refer in good time for specialist treatment if this is necessary.

Turning again to future plans we are particularly concerned about provision for residential placement for children in special need. These include adolescents who may be suffering from acute mental illness or whose depressive or aggressive behaviour cannot be safely treated at home. They need intensive psychiatric care and treatment, probably for weeks or months. The numbers are small, perhaps two or three in a year, but the need when it arises is very acute. There are in the Wessex Region Adolescent Psychiatric Units, suitable for these children, provided by the National Health Service, but the number of vacancies is small and there is nearly always a waiting list. However, the expense of providing residential treatment on the Island for this group would be so great that I think we shall have to continue to rely on units on the mainland, but we should be pressing for more provision there so that our urgent needs can be met when they arise.

Seriously disturbed younger children may need short-term care and treatment away from home, when they have not responded to out-patient help. This group would include cases of entrenched school phobia, occasionally children with asthma, or serious eating problems or soiling. We really ought to be able to cater for these children on the Island, where they can remain in close touch with their homes and perhaps continue to attend their own schools and where social work with the families can go on simultaneously with the treatment of the child. There are also a few severely maladjusted children in whose families there are very serious relationship problems or whose homes have completely broken up for whom the only answer is long-term residential care in a therapeutic environment. Accommodation, staffing and proper facilities for these children is expensive whether provided on the Island or on the mainland—in either case it has to be paid for by the Island Local Authority. We are always hoping that the numbers of children in this group will be reduced by earlier diagnosis and treatment. Full opportunities for remedial teaching are essential. Other measures designed to reduce individual and family stress and to give children wider scope would sometimes be effective if provided in good time—by these I mean youth clubs, adventure camps, community-service projects, supervised recreation at weekends and in holiday periods, skilled school counselling and above all education for young people in the meaning of parenthood.

When it comes to expenditure of public money and other resources, the question of priorities is not for us to decide. But in our field we see the needs and must present them as urgently as we can."

G. D. KNIGHT, M.R.C.S., L.R.C.P., D.P.M.,
Consultant in Child Psychiatry.

SPEECH THERAPY SERVICE.

I am grateful to Miss B. A. Canning, L.C.S.T., Dip.Aud., Senior Speech Therapist for the following Report:—

"The Speech Therapy Service had a full complement of three therapists in 1972, except for the two month interval between the end of July when Miss C. Evans left and October 1st when Mrs. S. A. Garrett, an Islander, succeeded her, to work in the East Wight area.

We have therefore been able to extend the scope of speech therapy to include much preventive and advisory work. For example, 16 pre-school children mostly 'late talkers' whose delay in language development was giving rise to considerable anxiety in their parents, especially their mothers, were seen for assessment. The development of attention to and comprehension of the spoken word are basic prerequisites for expressive language and the parents have been shown how to help their children in this respect. This accent on listening as opposed to speaking ("say it again") also takes the pressure off speech situations and prevents many a youngster from becoming a stammerer.

With regard to children of school age, it has been possible to extend the advisory aspect of our work to parents and teachers so that many children "under observation" have made satisfactory progress in the course of maturation and have not needed speech therapy. Children who have needed more help have been able to receive it more promptly than hitherto as our waiting list is now suitably proportionate to our caseload.

With school children needing regular speech therapy, so many mothers are unable to bring their children to the Health Centres each week because they go out to work, we have been obliged to become increasingly peripatetic and visit the children at school. The advantages of this are a considerably higher attendance rate for therapy, and our being able to meet the teachers and link the speech and language therapy with the school work. The disadvantages are that we see a child's mother less often which affords less opportunity for showing her how to carry out the home practice which can be such a valuable reinforcement to the weekly therapy session. (Only a few children in the urban areas have speech therapy twice a week).

Furthermore, it is often difficult to give the training in auditory discrimination which forms the basis of much of our work because a suitably quiet room can be found in only a few schools. We fully appreciate that the staff do their best to help us, despite inconvenience to themselves as we often have to use their staff room if there is no Medical Room.

A breakdown of our combined caseloads shows that of children receiving weekly speech therapy—excluding those in the three special schools at which we give treatment as a matter of routine* :—

157 children had delayed development of language, varying in degree and cause ; a further 2 had additional voice disorders ; 42 defective articulation only, including 6 with cleft palate ; 20 were stammerers.

We continue to be seconded to the Hospital Service for one quarter of our time."

						Comparative period up to
<i>Number of Cases :</i>						31/12/71
Seen for first time	...	...	...	...	286	176
Attending for regular treatment	...	...	...	...	76	60
Admitted for observation	...	...	...	...	166	52
Discharged	...	...	...	...	37	46
On observation list at 31st December, 1972					166	309
On waiting list at 31st December, 1972	...				9	87
<i>Number of Appointments :</i>						
Offered	...	...	...	...	3236	1928
Kept	...	...	...	...	2821	1344
Absences	...	...	...	...	425	584
Number of treatment sessions held	...	...	...	...	838	434
Number of home visits	...	...	...	...	109	33
Number of school visits	...	...	...	...	107	68
*excluding therapy sessions)						

INFECTIOUS DISEASES

The Child Health Section was notified of the absence of 504 pupils on account of infectious disease by Head Teachers during the year.

170 of the chickenpox cases occurred during the Spring Term.

Reported absences were due to :—

						1972	1971
Measles	...	...	...	...	...	34	17
Mumps	...	...	...	...	...	148	—
Chickenpox	...	...	...	...	...	281	169
German Measles	...	...	...	...	...	18	32
Whooping Cough	...	...	...	...	...	3	84
Scarlet Fever	...	...	...	...	...	6	6
Other diseases	...	...	...	...	...	14	31

In addition 140 cases of sickness were reported to the Section which included 52 cases of diarrhoea and vomiting.

PREVENTION OF TUBERCULOSIS—B.C.G. SCHEME

Heaf testing and, as necessary, B.C.G. vaccination of children approaching 13 years and older continued at the Secondary Schools and four Independent Schools.

A total of 1,689 forms were returned by parents, 128 of these refusing the test and 31 intimating that their child was either already under the surveillance of the Chest Physician or had received B.C.G. protection elsewhere.

Of 1,501 children tested 249 (16.58 per cent) were positive.

One thousand, two hundred and one children were vaccinated which included 1,057 Negatives and 144 children showing an extremely mild positive reaction.

VACCINATION AND IMMUNISATION

The figures for primary vaccinations apply, of course, only to children who had not had their course of injections in infancy. Normally over 90 per cent of Island children have already completed the course.

(i) *Vaccination against Poliomyelitis.*

Throughout the year live oral vaccine has been available for routine vaccination against poliomyelitis. Forty-three primary and 1,643 reinforcing doses of vaccine were supplied during the year to children between the ages of 4 and 16 inclusive.

(ii) *Immunisation against Diphtheria.*

During the year 24 children aged 4—16 years completed a full course of primary immunisation against diphtheria and 1,371 were given a reinforcing injection.

(iii) *Vaccination against Measles.*

One hundred and fifty-one children between the ages of 4 and 16 received measles vaccination.

(iv) *Vaccination against German Measles.*

Three hundred and twenty-two girls aged 11—14 were vaccinated against German Measles.

MEDICAL EXAMINATION OF STUDENTS FOR TEACHER TRAINING COLLEGE

127 entrants to Training Colleges were examined by School Medical Officers and these candidates were placed in the following medical categories as laid down by the Department of Education and Science :—

Category	... A1	A2	B1	B2	C
Number examined	94	31	1	1	Nil

There were seven candidates for teaching posts with the Authority ; also eight “experienced” teachers from other authorities were medically examined prior to entering employment in Island schools and all found fit.

WORK OF THE SCHOOL NURSES

Miss M. K. J. Stephens, Director of Nursing Services, reports :—

“1972 has been a year of increased work for the School Nurses.

Medical Inspections.

All Medical Inspections are attended by School Nurses. Adequate preparation is necessary and the information obtained by School Nurses is of value to the School Doctors and ensures that the child and its parents obtain the maximum benefit. The liaison of the School Nurse with the Health Visitor is important.

Hygiene Inspections.

The number of children found to be unclean rose by ¹⁴⁴3,000 in 1972. Two of the causes are the fashion for longer hair, especially in boys, and the increasing resistance of the lice to some of the substances previously used in treating the infection. A concentrated period of visiting after the summer holidays enabled the amount of infection to be checked and newer lotions used in treatment have been effective.

Prevention of Tuberculosis.

The School Nurse continued to undertake the Testing sessions and attended the reading and vaccination sessions held by the Medical Officers.

Pre-School Reports.

The pilot scheme started in 1971 has now been extended to all children and it is hoped that in future all children will have been seen before their entrance into school.

Special Schools.

The two Health Visitors with special responsibility for handicapped children have continued to work with these schools and it is proving beneficial.

Talks in Schools.

There has been some slight further expansion in this work but it is limited through lack of time on the part of the Health Visitors.

Subjects covered include :—

- Personal Hygiene.
- Child Care.
- Immunisation.
- Venereal Diseases.
- The Work of the District Nurse, Midwife and Health Visitor.

The following table gives an analysis of the work undertaken by the School Nurses and Health Visitors :—

						<i>School Nurses</i>	<i>Health Visitors</i>	<i>Total</i>	
								1972	1971
Total number of visits to schools	...	...	...	...	...	1959	76	2035	1850
Number of follow-up home visits re medical care	...	...	...	...	...	214	9	223	196
Number of medical inspections attended	...	...	...	...	...	492	20	512	495
Number of children weighed and measured	...	...	...	...	...	1712	—	1712	595
Number of visits to schools for cleanliness only	...	...	...	...	...	304	3	307	262
Number of children examined for uncleanliness	...	...	...	...	...	14831	22	14853	11543
Number of children re-examined for uncleanliness	...	...	...	...	...	1086	46	1132	693
Number of children found unclean	...	...	...	...	...	337	23	360	216
Number of children cleansed by nurse	...	...	...	...	...	68	13	81	36
Number of home visits re uncleanliness	...	...	...	...	...	231	34	265	205
Other members of family found unclean	...	...	...	...	...	29	7	46	12
<i>Vision Testing :</i>									
Entrants	...	...	...	...	...	2203	—	2203	2026
8-year age group	...	...	...	...	...	2304	—	2304	905
First year secondary pupils	...	...	...	...	...	1720	—	1720	1478
School leavers	...	...	...	...	...	2016	—	2016	2149
Others	...	...	...	...	...	2716	—	2716	3772
Total number of children tested for vision						10959	—	10959	10330
Number of children tested for colour vision (all ages)						1966	—	1966	1627

SCHOOL MEALS AND MILK.

Report of the School Meals Organiser—Miss B. E. Welch :—

“A census taken on a normal day in October 1972 gave the following figures :—

(a) Meals :

<i>Pupils</i>				<i>No. in attendance</i>	<i>No. of meals served</i>	<i>Percentage taking meals</i>	
						1971	1972
Primary and Special	...			6818	4808	66·0	70·5
Middle	...	...	...	4597	3429	65·7	74·6
High	...	...	...	3676	1369	34·6	37·2
Total	...	...	...	15091	9606	57·7	63·7

(b) Milk :

(i)	<i>No. of pupils present entitled to free milk on grounds of age</i>	<i>No. of (i) taking milk</i>	<i>Percentage taking milk</i>
	3831	3615	94·4
(ii)	<i>No. of pupils (not included in (i) who are eligible to be considered by the School Medical Officer for the issue of free milk</i>		
	6487	25	0·39

APPENDIX I.

**SCHOOL MEDICAL INSPECTIONS AND TREATMENT:
STATISTICAL TABLES.**

MEDICAL INSPECTION OF PUPILS ATTENDING MAIN
TAINED PRIMARY AND SECONDARY SCHOOLS DURING
THE YEAR ENDED 31st DECEMBER, 1972.

Table A—Periodic Medical Inspections

<i>Age groups inspected by year of birth</i>	<i>No. of pupils inspec- ted</i>	<i>Physical condition of pupils inspected</i>		<i>Pupils found to require treatment (excluding dental disease and infestation with vermin)</i>		
		<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>For defective vision (excluding squint)</i>	<i>For any other condition recorded at Appendix II</i>	<i>Total individual pupils</i>
1967 and later ...	1381	1381	—	31	529	554
1966 ...	226	226	—	10	97	106
1965 ...	127	127	—	3	50	53
1964 ...	133	133	—	3	43	46
1963 ...	104	104	—	2	31	33
1962 ...	103	103	—	3	29	32
1961 ...	919	919	—	28	112	137
1960 ...	499	499	—	34	137	168
1959 ...	77	77	—	1	10	10
1958 ...	45	45	—	1	4	5
1957 ...	301	301	—	12	4	16
1956 and earlier	607	607	—	—	—	—
Total ...	4522	4522	—	128	1046	1160

Percentage of total pupils inspected whose physical condition was :
Satisfactory 100.00%.

Table B—Other Inspections

Number of Special Inspections (i.e. Inspections carried out at the request of a parent, doctor, nurse, teacher or other person)	19
Number of Re-inspections (i.e. Inspections arising out of one of the periodic medical inspections or out of a special inspection)	1147

Table C—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	14831
(b) Total number of individual pupils found to be infested	337
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

APPENDIX II

DENTAL INSPECTION AND TREATMENT

(Carried out by the Authority)

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and <i>over</i>	<i>Total</i>
Attendances and Treatment :				
First visit	1728	1356	362	3446
Subsequent visits	1013	1632	627	3272
Total visits	2741	2988	989	6718
Additional courses of treatment commenced ...	112	88	27	227
Fillings in permanent teeth	874	2665	992	4531
Fillings in deciduous teeth	1473	79	—	1552
Permanent teeth filled	681	2329	870	3880
Deciduous teeth filled	1312	70	—	1382
Permanent teeth extracted	32	309	66	407
Deciduous teeth extracted	686	327	—	1013
General anaesthetics	2	4	—	6
Emergencies	295	153	27	475
Number of pupils X-rayed	296			
Prophylaxis	445			
Teeth otherwise conserved	217			
Number of teeth root filled	38			
Inlays	—			
Crowns	13			
Courses of treatment completed	2679			
Orthodontics :				
New cases commenced during year	60			
Cases completed during year ...	52			
Cases discontinued during year ...	2			
No. of removable appliances fitted	83			
No. of fixed appliances fitted ...	—			
Pupils referred to Hospital Consultant	10			
	<i>5 to 9</i>	<i>10 to 14</i>	<i>15 and over</i>	<i>Total</i>
Prosthetics :				
Pupils supplied with F.U. or F.L. (first time) ...	—	—	—	—
Pupils supplied with other dentures (first time)	—	4	3	7
Number of dentures supplied	—	5	4	9
Anaesthetics :				
General Anaesthetics administered by Dental Officers—Nil				
Inspections :				
(a) First inspection at school (number of pupils) ...	...	...	...	9294
(b) First inspection at clinic (number of pupils) ...	...	...	...	1191
Number of (a) plus (b) found to require treatment	...	...	...	4348
Number of (a) plus (b) offered treatment ...	...	...	...	3413
(c) Pupils re-inspected at school or clinic ...	...	...	...	548
Number of (c) found to require treatment	...	...	...	321
Sessions :				
Sessions devoted to treatment	1280			
Sessions devoted to inspection	105			
Sessions devoted to Dental Health Education ...	11			

APPENDIX III.

PRINCIPAL SCHOOL CLINICS.

The following table shows the location of the authority's principal School Clinics. Details of the year's work at these will be found in the individual reports of the officers concerned.

The Orthoptic and Ophthalmic Clinic services are provided under arrangements with the Regional Hospital Board.

The figures in the Table relate to the number of sessions held weekly as at 31st December, 1972.

Name and Address of Clinic		Audio-logy	Dental	Remedial Exercise	Child Guidance	Speech Therapy	Orth-optic	Ophthalmic		
NEWPORT— Health Clinic, Lower Pyle Street	6	Permanent	1	10	4	3	1
RYDE— Player Street
Caversham House, Dover Street	1	...	...	1	...	...
COWES— Health Clinic, Consort Road	Permanent	...	...	1	...	...
SANDOWN-SHANKLIN— Lake Clinic	Permanent	...	...	1	...	...
WEST WIGHT— Nurses' Institute, Princes Road, Freshwater	1	...

APPENDIX IV

TABLES A AND B—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

	PERIODIC INSPECTIONS												SPECIAL INSPECTIONS			
	ENTRANTS—1067 No. of Defects				LEAVERS—908 No. of Defects				OTHERS—2007 No. of Defects				TOTAL—4522 No. of Defects			
	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000	Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000
Skin	6	3.74	70	43.6	—	—	—	—	14	0.7	36	17.9	20	4.42	107	23.6
Eyes : (a) Vision ...	20	12.13	71	44.1	3	3.31	1	1.10	36	17.9	46	22.9	59	13.0	118	26.1
(b) Squint ...	12	7.47	35	21.8	—	—	1	1.10	4	1.99	9	4.18	16	3.54	45	9.95
(c) Other ...	1	0.62	5	3.11	—	—	—	—	—	—	6	2.98	1	—	—	2.43
Ears : (a) Hearing ...	4	2.49	72	44.8	—	—	—	—	2	1.00	34	16.9	6	1.33	106	23.4
(b) Otitis Media ...	2	1.24	40	24.9	—	—	—	—	3	1.49	11	5.48	5	1.11	51	11.3
(c) Other ...	2	1.24	14	8.72	—	—	1	1.10	3	1.49	4	1.99	5	1.11	19	4.20
Nose and Throat ...	5	3.11	130	80.9	1	1.10	1	1.10	9	4.48	49	24.4	15	3.32	180	39.8
Speech ...	15	9.32	90	56.0	1	1.10	—	—	1	0.50	10	4.98	17	3.76	100	22.1
Lymphatic Glands	—	—	4	2.49	—	—	—	—	—	—	2	1.0	—	—	6	1.33
Heart ...	4	2.49	16	10.0	—	—	1	1.10	3	1.49	6	2.98	7	1.55	23	5.08
Lungs ...	2	1.24	39	24.3	—	—	1	1.10	—	—	21	10.5	2	0.44	61	13.5
Developmental : (a) Hernia	1	0.62	7	4.35	—	—	—	—	—	—	2	1.0	1	0.22	9	1.99
(b) Other	—	—	57	35.4	—	—	—	—	6	2.98	9	4.48	6	1.33	66	14.59
Orthopaedic : (a) Posture	1	0.62	18	11.2	—	—	1	1.10	4	1.99	10	4.98	5	1.11	29	6.31
(b) Feet ...	11	6.84	89	55.3	2	2.21	2	2.21	9	4.48	30	14.9	22	4.86	121	26.7
(c) Other	9	5.58	103	64.1	—	—	3	3.31	9	4.48	34	16.9	18	3.93	140	30.9
Nervous System : (a) Epilepsy	—	—	12	7.47	—	—	—	—	1	0.50	6	2.98	1	0.22	18	3.98
(b) Other	—	—	13	8.09	—	—	—	—	1	0.50	2	1.0	1	0.22	15	3.32
Psychological : (a) Development	—	—	36	22.4	—	—	1	1.10	1	0.50	23	11.5	4	0.22	60	13.3
(b) Stability	1	0.62	82	51.0	—	—	4	4.41	3	1.49	34	16.9	4	0.88	120	26.5
Abdomen ...	—	—	8	4.97	1	1.10	1	1.10	—	—	5	2.49	1	0.22	14	3.09
Bladder Control	1	0.62	95	59.1	2	2.21	—	—	3	1.49	20	9.95	6	1.33	115	25.4
Other ...	—	—	2	1.24	—	—	—	—	—	—	2	1.0	—	—	4	0.88
TOTAL	106	64.6	1,067	432.2	908	55.2	1,067	432.2	2,007	105.1	2,007	105.1	4,522	225.6	4,522	105.2

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